

PERFORMANCE AUDIT

ASSESSMENT AND ANALYSIS OF EUTHANASIA PRACTICES AT KING COUNTY ANIMAL CARE AND CONTROL



King County

Presented to
the Metropolitan King County Council
Government Accountability and Oversight Committee
by the
County Auditor's Office

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December 8, 2009



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MEMORANDUM

DATE: December 8, 2009

TO: Metropolitan King County Councilmembers

FROM: Cheryle A. Broom, ^{CP}County Auditor

SUBJECT: Assessment and Analysis of Euthanasia Practices at King County Animal Care and Control - Performance Audit

The attached Animal Care and Control Performance Audit was mandated by King County Council Ordinance 16078, in response to concerns about King County Animal Care and Control (KCACC) euthanasia practices. The overall audit objective was to evaluate selected euthanasia practices at KCACC and compare them to model practices. Dr. Annette Rauch, Tufts University, conducted the audit, under contract to the King County Auditor's Office.

The audit found that KCACC's protocols and criteria for animal behavior-related euthanasia decisions are consistently applied; however, the use of medical assessment criteria is inconsistent. KCACC's euthanasia process is generally consistent with accepted practices and animals are handled gently and carefully; however, KCACC's dosing of euthanasia medication is excessive. In addition, documentation of euthanasia decision-making and treatment decisions is incomplete, resulting in inaccurate information for management planning and transparency of decision-making. Finally, KCACC's euthanasia rate calculation is not fully consistent with King County Code. While KCACC staff has made improvements, such as lowering the rate of euthanasia, the audit provides recommendations in a number of areas to improve euthanasia decision-making, protocols, and suggestions to adopt additional indicators of shelter success. Our overall findings are:

- KCACC's euthanasia decision-making protocols are consistently applied, although the behavior assessment criteria and schedule for conducting behavior assessments are lacking. In addition, use of medical assessment criteria is inconsistent, as there is no clear protocol for deciding which animals receive care and which animals are euthanized. Finally, protocols for KCACC's feral cat program are not consistent with best practices.
- Generally, the process KCACC uses for euthanasia is consistent with accepted practices, animals are handled gently and carefully, and the documentation relating to the use of euthanasia medication is accurate. However, KCACC's dosing of euthanasia medication is excessive. Further, both electronic and written documentation of euthanasia decision-making and treatment decisions is not complete. This results in inaccurate information for management planning and transparency of decision-making.
- KCACC's approach to calculation of a euthanasia rate is not fully consistent with the direction in King County Code. However, other approaches, such as calculating a

euthanasia rate based on known outcomes for animals or monitoring a rolling live release rate, may be more indicative of shelter success.

The audit provides 12 recommendations and recognizes a number of recent efforts underway at KCACC. Given that former King County Executive Kurt Triplet announced that animal shelter services will be discontinued effective January 2010, the audit recommendations are focused on improving euthanasia practices, regardless of the model of animal care and control service used or supported by the county. The former King County Executive concurred and/or partially concurred with the consultant's findings and recommendations.

The King County Auditor's Office sincerely appreciates the cooperation received from the management and staff of the Records and Licensing Services Division, Animal Care and Control, and Dr. Annette Rauch, who conducted this audit.

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**Assessment and Analysis of
Euthanasia Practices
at King County Animal Care and Control**

**Annette Rauch DVM, MS
October 30, 2009**

TABLE OF CONTENTS

	<u>PAGE</u>
Chapters	
Chapter 1 Introduction and Background	1
Chapter 2 Euthanasia and Protocols	8
Chapter 3 Euthanasia Procedures and Controls	20
Chapter 4 Performance Indicators and Euthanasia Rates	35
Exhibits	
Exhibit 1 Review of Behavior Assessments	9
Exhibit 2 Summary of Analysis of Euthanasia Records	29
Exhibit 3 Calculation of Euthanasia Rates by Intake vs. Outcome	40
Appendices	
Appendix 1 Scope of Work Euthanasia Practices, Procedures, Reporting	45
Appendix 2 Dog and Cat Behavior Assessment Forms	46
Executive Response	51

CHAPTER 1: INTRODUCTION and BACKGROUND

Purpose and Goals of This Report

This review was commissioned by the King County Auditor's Office in Seattle, Washington. The overall purpose of this project is to investigate and evaluate the euthanasia practices at King County Animal Care and Control (KCACC) shelters.

More specifically, the scope of this project entailed looking at the following areas of inquiry:

- evaluation of existing euthanasia protocols, including criteria used to make euthanasia decisions, and whether these practices reflect best practices (Chapter 2)
- review existing euthanasia procedures and controls and determine if staff follow these procedures (Chapter 3)
- identify indicators that can be used to monitor and manage euthanasia (Chapter 4)

The scope of this project is fully detailed in Appendix 1.

Methodology

In order to achieve the goals stated above, the following specific areas of inquiry were reviewed during on-site visits June 9-12, 2009.

Evaluation of Existing Protocols

- protocol for euthanasia (what drug used; route of administration; protocol for aggressive animals; differences between euthanasia of dogs and cats; location of drugs within shelter and who has access to them; recordkeeping)
- medical euthanasia (who makes these decisions; how are decisions made regarding treatment vs. euthanasia)
- behavior euthanasia (how is dog and cat behavior evaluated; who performs this evaluation; where in the shelter is the evaluation performed; is there a treatment protocol for problems identified)

Review of Existing Procedures

- mechanics of euthanasia (location; adequacy of euthanasia room in terms of space, lighting, and safety; privacy; noise level; number of staff performing procedure and their training; assessment of death post-injection, handling of body)
- evaluation of animal records that were euthanized by shelter staff (is the record complete, and does it make sense in terms of following the shelter's written protocols)

Also provided are professional observations concerning ancillary shelter services that impact euthanasia decisions, such as foster care programs, breed rescue programs, and type of adoption services available to the public.

KCACC: Area Served, Services Provided

King County is located in the western part of Washington State. King County encompasses a substantial land area of 2126.04 square miles. By population, King is the largest county in Washington and the 14th largest in the United States. The county currently provides services to 35 cities and to the unincorporated areas of King County.

KCACC operates two shelters in the county: the main shelter, the Kent Animal Care and Control Shelter is open to the public seven days a week and the second smaller shelter, the Eastside Pet Adoption Center (Crossroads) located in Bellevue, is open to the public on Tuesday through Saturday. Services provided by KCACC include:

Field Services

Field services encompass a variety of duties including: assisting local or state police with animal related calls, picking up dead animals, license sales and enforcement, responding to nuisance complaints, such as barking dogs or trespassing animals, responding to calls from citizens regarding vicious dogs, and investigation of allegations of animal cruelty with prosecution if appropriate evidence is found.

Shelter Services

Shelter services include sheltering lost and stray animals brought into the shelter by field services, providing shelter and care for animals seized in animal cruelty investigations, providing shelter and care for animals during the rabies bite quarantine period, accepting animals from the public at its two shelter locations (the shelter accepts both owned animals whose owners wish to relinquish them, and animals that are found by the public and appear to have no owner associated with them at the time that they were found), owner requested euthanasia of their own animals (owners are told at time of relinquishment that animal will only be euthanized if the shelter evaluation of the animal reveals that the euthanasia is justified; if it is not justified, the animal will be placed up for adoption), and adoption services (citizens can come to KCACC shelters to adopt a new pet).

Legislative Mandates Regarding Animal Control

State Mandates Regarding Animal Control

King County as a local government to the unincorporated areas does not have a statutory requirement to provide animal control or animal sheltering services. Under state law the county's four mandates are:

- Confiscation of dangerous dogs
- Pickup of animals abandoned in veterinary offices and kennels
- Rabies control
- Zoonotic disease investigation and quarantine

KCACC has provided a higher level of service than that mandated by state law.

County Code - Title 11 (Animal Control)

Title 11 was last revised in June, 2007; the revision before that was made in December, 2002. It is beyond the scope of this report to discuss each of these areas in detail. In summary, Title 11 provides that it is the public policy of the county to "secure and maintain such levels of animal control as will protect human health and safety, and to the greatest degree practicable, to prevent injury to property and cruelty to animal life." This is a significant and important set of goals to keep in mind when crafting policy to guide animal shelters: **the key elements are to protect human health and to prevent property damage and animal suffering.**

Both the 2002 and the 2007 versions of Title 11 have specific language regarding euthanasia rate targets.

In 2007 Title 11 was updated with the following text, in section 11.04.055 Euthanasia rate targets.

- A. *It shall be the policy of King County that a maximum euthanasia rate target is set to measure the progress towards reducing the rates of cats and dogs euthanized by the animal care and control authority or its designees. The euthanasia rates shall be calculated based on the total number of live cats and dogs take in to King County custody to include stray, homeless, abandoned, unwanted or surrendered animals, and animal euthanized at an owner's request. The euthanasia rates shall exclude animals euthanized at the order of the director of the Seattle-King County department of public health and those animals who are not in the custody of King County but are brought to a King County shelter by their owner or guardian for the purposes of licensing, or clinic services, such as spaying, neutering and vaccinations should such services be made available to the public by King County animal care and control.*

- B. The total number of cats and dogs euthanized by King County animal care and control is not to exceed twenty percent (20%) in the year ending December 31, 2008.*
- C. The total number of cats and dogs euthanized by King County animal care and control is not to exceed fifteen percent (15%) in the years following 2008.*

Assessment of Euthanasia Target Rates

The above referenced language has been interpreted by KCACC (shelter line staff, shelter administrators, and supervisors) as mandating that the euthanasia rates of 20% in 2008 and 15% in 2009 be met. Staff members reported that these percentages ‘hang over their heads’ and they are constantly struggling to meet the mandated euthanasia rates. They feel that if they don’t reach the target rates, they have ‘broken the law’ and will have ‘failed to be successful.’

After multiple readings of the code, I find that the interpretation of these mandates is narrowly focused. Section A states that the euthanasia rate target is set in order to measure the progress toward euthanizing less animals. In other words, it is a benchmark. Section A says King County has a target and will use that target to measure progress toward reaching a goal of euthanizing less animals. Chapter 4 of this report presents a review of KCACC’s approach to calculating a rate of euthanasia, and more generally, the use of that rate as a measure of performance.

Background - Animal Shelters and Euthanasia

The entire ‘No Kill’ philosophy was started and advocated as a push-back to a widely held belief among the animal sheltering community that euthanizing animals was more humane than allowing animals to die a slow and lingering death. It was felt that death by lethal injection was preferable to death from starvation, neglect, exposure, predation, and disease.

Post World War II urbanization and the creation of suburbia led to an inadvertent explosion of companion animal populations. Animals were no longer as isolated as they were when living on rural farms, and the advent of spay and neuter had not yet taken hold. The number of people living in close proximity in suburbs allowed for widespread breeding of dogs and cats. Initially, many of these animals were purchased by research labs; this occurred because there was also a post WW II explosion in the biomedical research industry, and at the time, there were no commercial breeders of dogs and cat to supply research laboratories with test animals. The passage of pound seizure laws by the majority of states in the US during the 1960’s and 1970’s made the process of shelters selling unwanted animals to research labs illegal. This left animal shelters with higher shelter populations.

By having significant populations of non-sterilized animals living close together in the community, the number of puppies and kittens born far exceeded the shelter's capacity to find new homes. During this time period, it was a common practice to leave boxes of young animals in front of stores and on the sides of highways. The sheltering community launched a nationwide campaign to encourage the public to bring their unwanted animals to the shelter, rather than just abandoning them in public areas. Unfortunately, unadopted animals, even healthy ones, were euthanized.

The original founders of the 'no kill' movement in King County, along with many others in the sheltering community, thought that, as one of the wealthiest counties in the United States, the community should collectively have a better way of dealing with excess numbers of dogs and cats than simply euthanasia.

This original premise – that healthy animals should not be euthanized just because no one had adequate amounts of space in the shelter – was one that all compassionate people can agree on. No one who likes animals looks forward to prematurely ending the life of a healthy animal. A permanent home for every unwanted animal is a universal goal.

It should be noted that the concept that healthy homeless animals deserve to find a new permanent home is one that animal advocates widely consider to be important and worthy. However, changes in animal care policy must be made carefully and deliberately, without having unintended negative consequences. For example, one of the unintended consequences of eliminating euthanasia of healthy animals is that shelters can become severely overcrowded. Although eliminating the euthanasia of adoptable and treatable animals can potentially save many lives, keeping animals in substandard housing in highly stressful conditions for extended periods of time is inhumane. Such conditions promote deterioration in emotional, behavioral, and physical health. Shelter policy-makers need to wrestle with the idea of whether life – life under any type of adverse condition – is better or worse than euthanasia. Of course, everyone can agree that our goal is to never put a single animal through any of these stressors: we all want animals to have adequate space, clean cages, access to outdoor activity, plenty of human companionship, vaccines and health care, good food, low levels of noise and, no contact with other unfriendly animals. Yet the animal care community is not always able to meet all of these objectives. How best to manage under less than ideal circumstances extends far away from just rigidly adhering to a 'no kill' philosophy.

Previous Reviews

KCACC has had significant review in the past several years, both from county government and outside consultants.

- **King County Animals Care and Control Citizens' Advisory Committee: Special Report, September 24, 2007.** The purpose of this report was to examine what elements would be needed to create a model animal sheltering program.
- **Evaluation of Leadership, Human Resources and Structural Capacity in King County's Animal Services Programs: written by Mr. Nathan Winograd, No Kill Solutions, March, 24, 2008.** Mr. Winograd was hired as an independent consultant by the King County Council, with the charge of examining whether KCACC had the leadership, human resources, and structural capacity to become a model "no-kill" program consistent with Ordinance 15801 and Motion 12521 and 12600.
- **Final Report: King County Animal Care and Control Shelter Evaluation 1/8/08 – 1/10/08, University of California – Davis, Koret Shelter Medicine Program. This report was authored by following consultants: Dr. Kate Hurley, Dr. Sandra Newbury, Dr. Miranda Spindel, Dr. Barb Jones, and Dr. Catherine Mullin, March 31, 2008.** This report was commissioned by the County Executive. This report focused primarily on shelter patient flow, and medical care and disease control protocols. The report was written by a group of veterinarians, who are highly trained in animal disease diagnosis, treatment, and control.
- **King County Animal Services Strategic Plan and Operational Master Plan 2009-2011, prepared by the King County Animal Services Interbranch Work Group. This report was submitted on 10/6/2008.** This operational master plan gave an overview of KCACC services, KCACC current problems, and then offered three potential models which King County could implement to allow KCACC to be a model program in animal control.

The overall purpose of these extensive reviews has been to determine a set of appropriate goals for Animal Care and Control in King County, to analyze current operations, and to secure a road map for making any needed improvements to achieve the stated goals. Ultimately, this extensive effort has been made in order to protect and secure the public health of the citizens of King County from animal-related issues, and to better serve the animals of King County: victims

of animal abuse, lost animals, surrendered animals, and those animals awaiting placement in a new home.

The following chapters present my review of KCACC's euthanasia policies, controls, and decision-making. Chapter 2 presents my review of euthanasia protocols including criteria used by KCACC to determine whether an animal should be euthanized. Chapter 3 presents an assessment of KCACC euthanasia procedures and whether controls over decision-making and record-keeping are sufficient. Finally, Chapter 4 identifies indicators that can be used to monitor and manage euthanasia and investigates whether KCACC's current approach to calculating a euthanasia rate is consistent with accepted practices.

CHAPTER 2: EUTHANASIA AND PROTOCOLS

This chapter reviews King County Animal Care and Control's (KCACC) protocols and criteria used for euthanasia decision-making. Every animal that enters KCACC receives an evaluation, focusing on its potential to be re-homed. These evaluations include a behavioral assessment and, as needed, a medical evaluation. Animals are euthanized at KCACC for behavior and/or health problems. KCACC also euthanizes feral cats that cannot be placed via a feral cat barn program.

KCACC's protocols and criteria for euthanasia decision-making related to animal behavior are consistently applied, although the behavior assessment criteria and schedule for conducting behavior assessments are lacking. In addition, use of medical assessment criteria is inconsistent, as there is no clear protocol for deciding which animals receive care and which animals are euthanized. Finally, protocols for KCACC's feral cat program are not consistent with best practices.

Behavior Assessment

Background

Shelter staff perform behavioral assessments on all dogs and cats prior to placing them up for adoption. The purpose of this evaluation is to determine if an animal will make an acceptable companion. Animals that have some potentially difficult behaviors, but are not deemed outright inappropriate for adoption, are placed on the adoption floor with some sort of written restrictions. Examples of such restrictions may be, 'chases cats', or 'no children under 12 years of age in home'. Animals that are not placed on the adoption floor (with or without restrictions) may be sent to rescue groups and/or other animal shelters who may adopt them out.

KCACC's Animal Control Officers carefully follow agency protocol when evaluating animal behavior; policy states that officers use a form that guides their evaluation of behavior in dogs and cats. KCACC shelter supervisors review any problem behaviors prior to authorizing euthanasia. KCACC policy directs that supervisors confirm negative animal behavior. This prevents any possibility of staff misreading an animal's behavior, or, more importantly, of giving an animal a negative evaluation without appropriate evidence.

The shelter manager and supervisors have created an atmosphere where staff feel comfortable with challenging a euthanasia decision. The process of reviewing the challenge is

commendable, because dogs and cats are released if the animal's advocate has a viable plan to safely place and rehabilitate the animal. This can provide a positive outcome for the animal, and it empowers staff to advocate for specific animals. Exhibit 1 provides a summary of the field observations of behavior assessment activities.

Exhibit 1: Review of Behavior Assessments

Animal	Behavior Assessment Approach
Dogs	<p>Two shelter staff always perform canine evaluations together.</p> <ul style="list-style-type: none"> - Evaluations are done after the end of the stray hold period for stray animals. It is unclear exactly when owner-surrendered animals get their evaluations. - Shelter administrators assign the task of performing these evaluations to two staff members each day; several staff members reported that they start their day with cleaning and feeding the animals. After this task is complete, <i>if there is enough time</i>, they then perform behavioral assessments. This time allotment schedule allowed behavioral assessments to get 'back logged' on many occasions. In this way, the assessment process served as a 'bottle neck,' which slowed the progress of an animal's movement through the shelter system. <p>Staff performed behavioral assessments in multiple locations throughout the shelter:</p> <ul style="list-style-type: none"> - Small meeting room adjacent to the front desk. - Outside on an L shaped walkway that was fenced in at the rear of the building. <p>See Appendix 2 for a copy of the actual behavioral assessment used.</p> <p>If staff began the assessment and felt that an animal (dog or cat) was getting too agitated to safely continue the test, the test would be immediately stopped. Staff would try the test again the following day.</p> <p>If staff saw an outright unacceptable behavior (i.e. such as a dog lunging to bite the staff), they quickly stopped the test, and reported this behavior to the shelter sergeant or a shelter supervisor. Shelter supervisors would not approve such an animal for euthanasia, without first seeing this behavior for themselves. During the site visit, the shelter sergeant stated "I'm the one that has to put my stamp on these kennel cards (meaning the final OK for euthanasia stamp). It weighs on me, so I want to see the behavior myself. I want to make sure that the animal needs to be euthanized before I mark that kennel card."</p>
Cats	<p>Cat assessments were ideally done with two people, but many staff members reported that they were comfortable doing them alone. The primary focus of the feline evaluation was on whether the cats would allow handling, which staff members thought they could determine alone. Cats were often evaluated in front of their cages, rather than in a separate area of the shelter. As with dogs, cats were assessed at the end of the stray hold period, and it was unclear when owner surrendered cats were evaluated. See Appendix 2 for an example of the feline behavior assessment form.</p>

Behavior Assessments - KCCAC Activities and Best Practices

Identifying Cat Aggression in Dogs

Previous reports noted that KCACC test cat aggression in dogs by having the dogs walk past a bank of cat cages. This was reportedly highly stressful to the cats. This practice was not observed during my site visit. Staff had a life size white stuffed animal in the shape of a cat; this stuffed animal was placed in the cage with a real live cat, so that it would smell like a live cat. Staff reported that dogs after investigation determine that the cat isn't a real cat, and many of them lose interest. Yet a highly cat aggressive dog will forcefully attack the stuffed cat, prior to realizing it isn't alive. This attack allows the staff to conclude that the dog is not cat friendly. Staff reports that cat-friendly dogs gently sniff the stuffed cat with interest and then walk away.

It is very difficult to accurately diagnose cat aggression in dogs. It is true that some dogs will attack the stuffed cat making diagnosis easier. However, dogs can be highly cat aggressive, but only if the cat is moving. Hence, it may be missed in an assessment. Other dogs are highly interested in cats, but this interest in the home is not aggressive. They are overzealous in their desire to befriend the cat. Since this behavior is difficult to recreate in a shelter setting, it is prudent for any adopter to use caution when first introducing a dog to their household cat(s). Being overly cautious and labeling a dog as cat aggressive causes adopters to shy away unnecessarily. Being not cautious enough can lead to a pet cat being hurt or killed by a newly adopted animal. It is generally best to say that any dog needs to be carefully introduced to cats, while the dog is on a leash; this procedure should be continued until the dog's behavior in the home can be fully evaluated.

Style of Dog Housing Impacts Behavior

The style of dog housing used in stray hold at KCACC – two banks of runs facing each other with a center aisle for people to walk down – is a convenient style of housing dogs, from the worker's perspective. It allows the caretaker to view each of the runs simply by walking down the aisle. This type of housing is not, however, ideal for dogs. Since dogs have visual contact with other dogs across the aisle, they can easily become more dog aggressive and cage protective as their time in the kennel increases. Unfortunately, this housing system encourages unacceptable canine behavior. Limiting visual contact between dogs by repositioning kennels or using screens provides a better environment for the dogs. If at some future time the Kent facility is remodeled or rebuilt, an alternative housing system for dogs is highly recommended.

Conduct Behavior Assessments at Intake

One of the tools for evaluating shelter success or failure is to determine how many animals enter the shelter behaviorally healthy and are euthanized for behavior problems that develop during their shelter stay. Without an initial behavior evaluation, the shelter will never be able to determine if and how often this occurs. Intervention to remedy behavioral deterioration during the shelter stay can only begin after the problem is identified.

Conclusions: Behavior Assessment Criteria and Protocols

KCACC carefully follows agency protocol with regard to evaluating behavior in dogs and cats.

- It is a good practice that two people perform dog evaluations together. This allows one person to be the handler, and the other person to step away from the dog/handler and better observe the dog's behavior.
- It is commendable that shelter management and supervisors have created an atmosphere where staff feel comfortable with challenging a euthanasia decision. The process of reviewing the challenge is also commendable, because dogs and cats are released if the animal's advocate has a viable plan to safely place and rehabilitate the animal.

However, there are some deficiencies in the current protocols, which KCACC is aware of.

- The shelter does not have an adequate space to perform canine behavior evaluations. There are multiple locations at KCACC where evaluations are performed. None of them is large enough and they are not free from external distractions.
- KCACC policies do not identify a time frame for animal evaluations to occur. For stray dogs, it is 'after the stray hold is finished.' For owner-relinquished dogs, there is no written policy. Staff varied in their responses when asked how long owner-relinquished animals sit in the shelter prior to getting an evaluation. A general consensus is the animal receives an evaluation 'as soon as staff can get to it.'
- Animal Control Officers (ACO) do not have scheduled periods of time in their work day to perform animal evaluations. ACOs are expected to do these evaluations after their other duties (cleaning, feeding, and medicating) are complete. Many staff noted that on a busy day, "we just run out of time, and don't get to any evaluations." Hence, lack of passing evaluations can be a reason for delayed transit through the shelter system.
- The current behavioral evaluation form is out of date with other industry-accepted practices. The current assessment tool is too subjective and could lead to faulty

conclusions. Some behavioral responses in dogs and cats are subtle and cannot be correctly evaluated without staff training.

- The shelter does not currently have any intervention program to train animals with mild behavior problems, or to start a treatment program for dogs and cats with more serious behavior problems. KCACC reported that they have previously sought funding for a behaviorist, but have not yet obtained such funding. Animal behavior treatment programs are necessary and consistent with the mandate that KCACC *save every treatable animal*.

Recommendations 1-5 – Criteria and Protocols Behavior Assessment

Performing behavior evaluations is an important step in moving the animals through the shelter system. The following observations are provided to address the findings presented above:

1. KCACC needs an appropriate room and location to perform animal evaluations.
2. KCACC supervisors need to assign a dedicated protected time to perform behavioral assessments.
3. Both Assess-a-Pet and SAFER are two behavioral evaluation assessments tools that are being used throughout the country. The shelter should consider the use of one of these methods or obtain a full protocol from a veterinary behaviorist. Following adoption of a specific evaluation protocol, staff should be trained in reading animal behavior.
4. It is generally best to say that any dog needs to be carefully introduced to cats, while the dog is on a leash; this procedure should be continued until the dog's behavior in the home can be fully evaluated.
5. Animals should have behavioral evaluations on intake. For owner-surrendered animals, if they pass their evaluation, they can immediately be moved to adoption as long as they are medically healthy. (This limits care days, saves cage space, and saves staff time and money). For other animals, this initial behavioral assessment can serve as a baseline against which further animal evaluations can be compared.

Medical Criteria and Protocols

Background

KCACC has a small veterinary clinic adjacent to the Kent shelter. This veterinary clinic serves two purposes: it spays and neuters animals, which is necessary to stay in compliance with Title 11 regulations, and it provides medical care for the animals that are living in both shelters: Kent and Crossroads. KCACC reports that the veterinarians also administer rabies vaccinations to dogs and cats in compliance with King County Board of Health Code, Title 8. The veterinary

clinic at the current time is not open to the public for low cost spay and neuter services, because the clinic staff is fully occupied with caring for the animals at KCACC shelters. The clinic is staffed by two veterinarians, one full-time veterinary technician, and one to two part-time veterinary technicians.

How the veterinary clinic makes treatment vs. euthanasia decisions was the focus of this review. I interviewed the veterinary staff, two veterinary technicians who work at the clinic, and I observed the functioning of the clinic. Despite these interviews and observations, this site visit did not provide the necessary information to fully understand how veterinarians and clinic veterinary technicians organized their work day. However, the results of the interviews and observations indicate that criteria for medical decisions are not clear and therefore decisions are inconsistent. KCACC reported that development of a protocol for implementation of a health classification system was under way. A summary of specific findings are provided below.

KCCAC Activities and Best Practices

Intake Evaluations

Animals come into the shelter either OTC ('over the counter,' meaning owners surrender their own pets or drop off stray animals at the shelter front desk) or via field officers. The animals do not get a complete physical examination by a veterinarian or a trained veterinary technician at intake. At KCACC if the admitting ACO notices a particular problem, they not only notate that on the animal's record, but also notify the veterinary staff that the animal needs to be examined; this notification occurs via writing down the information on a board at the veterinary clinic. Rather than having field officers or intake animal control officers perform assessments on new shelter intakes, a veterinary technician that has received specific training on physical examination techniques should examine every animal on intake. Only through careful initial examination can problems be identified quickly so that treatment can follow without delay.

Rounds

Daily rounds are an important activity to monitor animal medical and behavior conditions. Shelter management and veterinarians should participate in these rounds daily; this would allow shelter management, experts in health, and experts in behavior to weigh in on treatment and euthanasia decisions. The group discussion of cases could help facilitate consistent implementation of the Asilomar Accords¹. In the shelter setting (as opposed to the private

¹ Asilomar Accords were developed in August 2004 by a group of national, regional and local animal welfare leaders who met in the United States. The outcome of the meeting was the Asilomar Accords. They include a set of Guiding

practice setting) where so many more factors influence a positive or negative outcome for an individual animal, the thoughtful input from professionals that focus on different aspects of animal management (i.e., health vs. behavior vs. placement potential) can be positive. Although veterinary staff reported they go on rounds daily to examine the shelter animals, one veterinary staff referred to this as 'a quick look,' because there was no time allotted to do a more thorough examination. One ACO reported that the veterinarians go on rounds very early in the morning when other staff is not in the building. Several ACOs reported that the veterinarians rarely go on rounds. They also reported that sometimes animals whose names are on the 'check up' board are seen; other times there is no response from the clinic staff. One ACO reported that seeking out the veterinary technician at the shelter resolves most problems without involving the veterinarians.

Protocols for Care of Sick Animals

Veterinarians and administrators reported that they are trying to implement the protocols outlined in the Asilomar Accords. These protocols apply to both medical and behavioral treatment, and they attempt to categorize various animal ailments as treatable or nontreatable. However, current implementation of these accords is inconsistent. It is unclear exactly what the agency policies are regarding medical and/or surgical treatment for animals at KCACC. It is also unclear who developed the protocols that are in place, as some of them are not in keeping with the current shelter medicine standards of care. Shelter veterinarians and veterinary clinic technicians seemed very busy; they were working very hard, and with a great deal of enthusiasm and determination. At times their efforts seemed a bit disorganized because of the multiple demands on their time.

The clinic has been set up as a spay/neuter clinic; it does not have separate housing for sick animals. Clinic veterinarians reported that it was problematic to have sick animals housed together with animals having spay/neuter surgery. There is an isolation area for treatment of sick cats. However, despite asking various employees, there was no clear criteria for when an animal would be treated in the shelter (such as in the shelter isolation room), and when they would be treated in the veterinary clinic. The shelter and veterinary clinic have no isolation facility to treat sick dogs. In some instances, veterinary technicians were following medical treatment protocols that were developed by veterinarians that do not work for KCACC. Other medical care decisions for shelter animals and for foster care animals were made by veterinary

technicians without direct supervision by shelter veterinarians. For example, many cats with upper respiratory infections (URI) were being treated with antibiotics (primarily Zithromax). The veterinary technician reports that this is a standard treatment for URI cats and felt this protocol could be followed without veterinary consultation each time it was started. One veterinary technician reported that all kittens positive for Feline Leukemia Virus (FeLV) are euthanized and was uncertain where this treatment decision came from.

Spay/Neuter

The surgical facility was extremely clean. Surgical practices were excellent and certainly met or exceeded the standard of care. Staff spoke about how, at certain times of year, the surgical staff cannot keep pace with the needed amount of surgery. This reportedly creates a back log, where animals cannot move to adoptions, or cannot be taken home by their new family, because they are not spayed or neutered. It is unclear how vets divide their time between sick animals and spay/neuter responsibilities.

Medical Euthanasia Decisions

Shelter veterinarians reported that efforts are made to treat sick animals if they have a good prognosis for recovery and eventual adoption. Some may be referred to a specialist if needed (i.e., an orthopedic surgeon). When asked about the costs associated with advanced life-saving care, they also responded consistently that cost is not always an issue, because the non-profit group called “Friends of King County Animal Care and Control” usually agrees to pay for veterinary care. They reported that they have never been turned down by this group when approached for funding. However, staff comments and review of animal records indicate that some animals receive advanced, expensive medical/surgical care while other animals with equally treatable problems are euthanized. For example, during my site visit shelter administrators discussed a case with me where they overrode the decision of a shelter veterinarian to euthanize a cat with an allergic skin disease. In another case, a cat with suspected hyperthyroidism was euthanized. Both of these conditions are treatable diseases. In contrast to these two cases, a dog in the adoption area had undergone extensive reconstruction of its knee, which was a very expensive orthopedic surgery, paid for by Friends of King County Animal Care and Control. Another obese cat was living for months in a private room adjacent to the cat adoption area, gradually dieting to reach a healthier weight.

KCACC does not have written criteria to discontinue therapy and euthanize an animal that is not responding to treatment and is suffering. For these decisions, KCACC relies on the professional judgment of its veterinarians who are on duty six days a week.

Conclusions: Medical Criteria and Protocols

- There is no separate facility in the veterinary clinic to treat sick animals. They are housed directly next to animals awaiting surgery.
- Medical treatment protocols are started by veterinarians, by veterinary technicians, and sometimes by veterinary technicians following consultation with the clinic veterinarian. One technician reported getting treatment protocols from veterinarians and specialists that worked outside the shelter because 'they were more knowledgeable in shelter medicine.'
- There is no clear protocol for deciding which animals received care, and which animals were euthanized.

Recommendations 6-10 – Medical Criteria and Protocols

Sick shelter animals rely on shelter staff for medical care. Shelter medical staff needs scheduled time to diagnose and treat sick animals. Although beyond the scope of this review, an additional assessment needs to be made regarding how veterinarians should best be spending their limited time.² The following recommendations are provided to address conclusions presented above:

6. KCACC should review potential cost savings of outsourcing spay and neuter services to a local veterinary hospital. This step may be necessary to give the veterinary staff adequate time to diagnose and treat sick or injured animals within the shelter population.
7. Veterinary technicians should provide intake examinations on every animal. Positive findings are immediately reported to the veterinarian for further care.
8. Shelter managers and veterinarians should jointly conduct daily rounds and jointly discuss euthanasia decisions.
9. Veterinary staff should review all treatment decisions and euthanasia recommendations.

² Humane Alliance Model for High Quality/ High Volume Spay and Neuter Clinics recommends two to three full-time veterinary technicians for each veterinarian. This ratio is not present in this clinic; when there are not enough technicians to assist the veterinarian, the result is that veterinary time is not well utilized, and veterinary productivity declines. This should be further investigated.

10. KCACC managers and veterinarians should review and update standard shelter protocols to insure that they reflect current best shelter medicine practices. For example, the current protocol of euthanizing all kittens that test positive for Feline Leukemia Virus (FeLV) should be reconsidered. Since many kittens convert and become FeLV negative, all positive kittens should go into foster care and be retested monthly. Another example would be to revisit the choice of first line antibiotic therapy for feline upper respiratory infections.

Feral Cats

Background

KCACC policy provides that feral cats are admitted to KCACC shelters and are held the legally required holding period, typically three days. KCACC contacts community feral cat groups to place feral cats and sends out as many cats as the feral cat groups will take. Feral cats are spayed and neutered prior to placement with these groups. Cats which do not have a place with these feral cat community groups are euthanized according to protocols.

KCCAC Activities and Best Practices

Many shelters around the country do not accept feral cats because there is no humane way to house feral cats during a 'stray hold' period. If feral cats are brought into a shelter facility, they should be kept in their own area, away from all other animals, and have any human disturbance absolutely minimized.

KCACC policy includes admitting feral cats into its shelters. KCACC houses the cats in individual stainless steel cat cages frequently interspersed with other tame cats. There is no obvious sign on the front of their cage that they are a feral cat; lack of signage leads to staff approaching the cat as though it were a tame cat; this is highly stressful for a feral cat. When staff cleans their cages, the feral cats are terrified by the close human contact. Feral cats can be particularly messy in their cages, because they spend much of their time either hiding or trying to escape by digging. During escape behavior, their food, water, and litter boxes get spilled, making a mess. KCACC shelter staff cannot ignore them, in an attempt to minimize human contact, because the condition of their cages would continue to deteriorate. This creates a conflicting situation; for hygiene reasons, feral cat cages need to be cleaned; yet, for humane reasons, feral cats should not be disturbed by humans. KCACC policy also directs that animals should be vaccinated at intake. If the cat is too fractious, it is placed in a cage without vaccines. This protects the health of the intake officer as feral cats will attack and can injure an officer. However, this creates a problem for disease control, as a subpopulation of cats in the shelter is unvaccinated.

An alternative approach to feral cat management is to handle conflicts about feral cat colonies in the community. KCACC reports it has worked for nearly three years with feral cat groups in the community on a trap, neuter and release (TNR) program. Programs to trap, neuter, and release feral cats have been successful in addressing feral cat colonies in other communities as well. If feral cat conflicts are mediated in the community prior to trapping, the caretakers of the feral cats will be identified before the cats are trapped. Under this scenario, there is no need for a traditional 'holding period' as the caretaker is identified prior to bringing the cat into the shelter. When feral cats are then brought to the shelter, it is for a very short period of time: they are anesthetized in their traps; once asleep, they are removed from their traps, vaccinated, examined, sterilized, and immediately returned to their traps; feral cats are discharged the same day they enter the sheltering system. Such a system is more humane for the cats and saves the shelter staff time and resources.

Euthanasia – Feral Cats

KCACC makes significant efforts to contact community groups that place feral cats with people who are looking for barn cats. These efforts, in addition to the TNR program, have reportedly reduced the number of feral cats euthanized by KCACC. KCACC spays/neuters the cats prior to placement. Cats which do not have a place with these groups are held for the required stray hold period and are then euthanized. As noted above, human disturbance of feral cats should be minimized. Use of a squeeze cage would allow a feral cat to be sedated and removed from its cage for vaccination, spay/neuter, or euthanasia. KCACC's protocol for euthanizing feral cats includes transferring the feral cat from their holding cage in a suspended net. This causes severe stress for the cat.

Conclusions – KCACC Feral Cat Activities

KCACC follows agency policies and protocols for euthanasia decision-making regarding feral cats. However, there are deficiencies with the current approach for admitting, treating, and euthanizing feral cats:

- It is very difficult to house feral cats in an animal shelter, and KCACC is not set up to house feral cats in a humane way. There is no specific language in the code that is requiring KCACC to accept feral cats.
- KCACC policies direct that staff vaccinate animals at intake. If an Animal Control Officer cannot vaccinate a fractious feral cat, the unvaccinated animal is placed into the shelter thereby potentially exposing other animals to disease.

- KCACC's approach to transferring feral cats from stray hold to the euthanasia room using a suspended net is inhumane and causes severe stress to a feral cat. A squeeze cage would allow a feral cat to be sedated, and, once anesthetized, removed from its cage with a minimum of stress. During the shelter visit the use of a squeeze cage was not observed.

Recommendation 11 – Feral Cat Activities

The following observations are offered to address the findings identified above:

11. KCACC should revisit its current policy of accepting feral cats and enhance plans and procedures that allow for feral cats to be trapped, anesthetized, vaccinated, sterilized, ear tipped, and returned to their colony without having to enter the shelter. These plans and procedures should be developed prior to trapping any feral cats.

In summary, existing euthanasia protocols including criteria used by KCACC to determine whether an animal should be euthanized for behavior or medical reasons vary in completeness and consistent application. Protocols for KCACC's feral cat program are not consistent with best practices.

CHAPTER 3: EUTHANASIA PROCEDURES AND CONTROLS

This chapter presents a review of King County Animal Care and Control (KCACC) euthanasia procedures and controls. Included is a review of whether euthanasia is being done properly at KCACC. In order to answer these questions, the entire process of euthanasia was observed a number of times during the site visit. Specific questions addressed were:

- are animals handled gently,
- are adequate procedures in place to assure that the correct animal is being euthanized,
- are the correct drugs being used and are the drugs being used in the correct amounts,
- are the drugs being administered by the correct routes and who is actually doing the euthanizing,
- are other animals in the presence of an animal being euthanized,
- where in the shelter is euthanasia being done, and
- what is done with the animal remains.

In addition, log books were examined on multiple occasions and record-keeping was reviewed. Review of record-keeping included an analysis of a random sample of 2008 euthanasia records to determine whether procedures and controls were adequately used to guide selection of animals for euthanasia and whether documentation about why animals were euthanized was reasonable.

Generally, the process KCACC uses for euthanasia is consistent with accepted practices. Animals are handled gently and carefully, and the documentation relating to the use of euthanasia medication is accurate. However, KCACC's dosing of euthanasia medication is excessive. Further, both electronic and written documentation of euthanasia decision-making and treatment decisions is not complete. This results in inaccurate information for management planning and transparency of decision-making.

Euthanasia Procedures and Controls at KCCAC

Background

All euthanasia is performed in a small room at the shelter that has been designated the euthanasia room. It is located in the back of the shelter and accessible by two doors; one entered into the rear intake area of the shelter; the second door, which was a combination of a solid door and an adjacent screen door, was an exit door, leading to the loading dock. During the site visit, the solid exit door was closed while animals were being euthanized. At other times,

the solid exit door was open, and the screen door was closed but not locked. Vehicle access to the rear of the shelter is not restricted; therefore the facility is not bio-secure when the solid exit door to the loading dock is not locked. Controlled euthanasia supplies (drugs and log books) are locked in a cabinet and other supplies such as gloves, syringes, and needles are located on a counter within the euthanasia room. Previous reviews of KCACC have discussed the 'bank of cages' in the euthanasia room; this bank of cages has been removed and is no longer in the euthanasia room.

Euthanasia Controls

Euthanasia is always done at KCACC in pairs. Two staff members are assigned to this duty each day. Shelter supervisors reported that there wasn't a rigid system to assign staff members for this duty. On any given day, shelter supervisors review which staff are certified to administer euthanasia solution; a certified person is then paired with another staff member who does not need to be certified. This second staff person's job is to retrieve the animal from the shelter, bring the animal to the euthanasia room, and hold the animal during the euthanasia injection. On one occasion during the site visit, there was not enough shelter staff to pull two people away for euthanasia work. In response to this, a shelter supervisor asked one employee to come to work early and perform the euthanasia duties on overtime.

Pre-Euthanasia Process

During my site visit, I found that shelter employees were very conscientious about every step of the pre-euthanasia process. The euthanasia technician obtained a euthanasia report from the supervisor; this report contained the list of animals that were to be euthanized on that day. When an individual animal was transported to the euthanasia room, careful attention was paid to animal identification: kennel card, euthanasia report number, and animal ID band were all checked to confirm that they matched; physical description of the animal was matched to the actual animal, including the kennel card photograph (if one was taken). The animal was fully, slowly, and carefully scanned with a microchip scanner; and finally the kennel card was examined to be sure that it had been stamped 'final approval,' indicating that the euthanasia had been appropriately approved by a shelter supervisor.

During the site visit, there was one finding during the pre-euthanasia process that stopped the euthanasia for that animal on that particular day. The kennel card had a notation that this particular dog had a microchip. There were further notes on the kennel card that the microchip information had been used to retrieve the owner's phone number, and the Animal Control

Officer euthanasia technician noted a discrepancy in the information. (The shelter had called the number associated with this animal's microchip; the shelter had spoken to someone at the residence regarding the dog, but no one had contacted the specific person that was recorded on the dog's microchip file.) The ACO brought her concern to the shelter supervisor, and a decision was made to attempt to directly contact the owner. The dog was returned to the kennel, and euthanasia was cancelled for this dog, pending owner contact. In this example, although the kennel card had already been stamped for final euthanasia, the ACO carefully checked the animal's paperwork before proceeding.

Euthanasia Procedures

The actual euthanasia process was consistent with accepted practices and animals were handled gently and carefully. It is important to emphasize that the process of euthanizing animals can be emotionally difficult for staff. In response to this stress, it is common for staff to distance themselves from their job and to become insensitive to the animals they are euthanizing. During all of the euthanasia procedures observed at KCACC, the staff was extremely kind and reassuring to the animals. The staff deserves to be commended for this, because it is difficult to sustain that level of compassion while euthanizing animals.

The euthanasia process differed for dogs and cats.

Dogs:

Euthanasia solution was drawn up by the euthanasia technician, and a new clean needle was placed on the syringe. The drug was administered properly via the intravenous route. Staff talked softly to the dogs during the process, and avoided a lot of personal conversation, which could distract them from the euthanasia process. Once the animal was unconscious, he/she was carefully laid down, and death was assessed after a few minutes by auscultation of the heart, palpation of the tongue (check for pulse in tongue artery), assessment of breathing, assessment of blink reflex, and lack of movement.

For some dogs, the above process was not possible, because the dog was either too hyperactive and could not be held still for an injection, or was too aggressive and close handling would be too dangerous. These dogs were sedated prior to euthanasia with an intramuscular injection of Telazol. Telazol is not kept in the euthanasia room; when euthanasia technicians need this drug, they obtained it from the refrigerator in the veterinary clinic.

Cats:

The euthanasia of several cats was observed. All cats were given their euthanasia injections via the intra-peritoneal route (IP). After the pre-euthanasia process was complete, the cat was brought to the euthanasia room by the 'helper'. Several cats were brought from their kennel to the euthanasia room in a cat carrier. Once in the euthanasia room, the assistant gently held the cat, while the euthanasia technician palpated the ventral abdomen for injection landmarks. The cat was then injected IP with its dose of euthanasia solution. After injection, the cat was returned to its carrier, the carrier was completely covered with a towel, and the cat was placed in one corner of the euthanasia room. Then the next cat was retrieved from the shelter and the process was repeated.

It is important to note that the process of obtaining the next cat for the euthanasia process, and then examining it and reviewing paperwork, took a considerable amount of time. This level of review was appropriate. It is mentioned here, in order to point out that the previously injected cat was given enough time to become unconscious before the next cat was euthanized. Because of this time lag, no cat was euthanized while other awake cats were in the room. (It takes anywhere from 5 to 25 minutes for a cat to become unconscious following an IP injection of euthanasia solution.) Death post-injection was assessed as with the dogs.

Post-Euthanasia Procedures

After the euthanasia was complete, the euthanasia technician was observed recording amounts of Fatal Plus administered in both the log book for the individual euthanasia kit and on the cage card. The euthanasia technician rinsed out the syringe that was used to administer the euthanasia solution under running water in the sink. The needle from the syringe was properly disposed. A comment was made that all the cage cards needed to be collected at the end of the process, so that euthanasia doses could be recorded in Chameleon on each animal's record.

Outside the screen door on the loading dock was a large barrel for disposal of the animal bodies. After death was confirmed, staff picked up the bodies and placed them in the barrels. The animals were not placed in individual body bags prior to placement in the barrels. Using a moving dolly at the end of the euthanasia process the barrel was then wheeled across the back of the building to the walk-in refrigerator. All barrels filled with dead animals were kept in this separate walk-in refrigerator until they were picked up by an animal disposal company.

Record-Keeping, Storage, and Dosage of Euthanasia Medication

The only drug used by KCACC to euthanize animals is Fatal Plus, which is a brand name for a euthanasia solution. Fatal Plus only has one active ingredient, sodium pentobarbital. It is ordered from a veterinary drug supplier only by the lead sergeant. The shelter maintains a substantial inventory of Fatal Plus, so that the shelter would never run out of the drug in the event Fatal Plus is on back-order or not readily available from drug suppliers. KCACC keeps all the bottles of Fatal Plus in powder form (not reconstituted) in a locked cabinet located in the shelter administrative office. Each bottle is numbered for ease of identification, and bottles are used in a sequential order. The locked cabinet is accessible to specific supervisory staff, one of whom is always physically in the building during normal hours of operation. This is important, because if a euthanasia technician needs additional euthanasia drugs, they will always be able to find a supervisor to open this cabinet and dispense a new bottle of Fatal Plus. In order to always promptly relieve animal suffering; it is imperative that euthanasia technicians be able to re-supply their euthanasia kits as needed.

Also contained in the locked euthanasia cabinet in the shelter administrative office is one bottle of Fatal Plus that has been re-constituted. This bottle is assigned to the lead sergeant; it is used to euthanize animals when no other certified euthanasia technicians are available in the shelter.

KCACC supervisors and eight trained Animal Control Officers (ACO) administer euthanasia. The state of Washington requires that anyone administering euthanasia solution to an animal be certified. Various euthanasia courses are acceptable for meeting the state of Washington training requirements. KCACC maintains a notebook, which contains the training certificates of their certified euthanasia technicians. ACOs with this training are assigned individual euthanasia kits; these kits are numbered and all kits are locked in the euthanasia room. Each trained staff member maintains an individual kit, containing one bottle of Fatal Plus and a log book. If a euthanasia technician needs a new bottle of Fatal Plus, they ask one of the sergeants with keys to dispense them a new bottle. The practice of assigning an individual bottle to each euthanasia technician, rather than having one communal bottle, creates more individual accountability. If euthanasia totals do not add up, the only person who could be responsible for that is the person assigned to that particular bottle.

The bottle is removed from the locked cabinet in the shelter administrative office, and the euthanasia technician then transfers this bottle to the euthanasia room, where the new bottle is

again locked up in this person's individual euthanasia kit. Shelter staff also has regular access to the in-shelter veterinary clinic, which can supply the shelter staff with injectable sedatives.³

There is a record book kept in the shelter administrative office, which clearly shows how many bottles of Fatal Plus are waiting as inventory. This book also clearly states when each bottle is removed and to whom the bottle is dispensed. Follow-up use of this bottle by the euthanasia technician is then detailed in his/her individual kit record book.

The log book detailing Fatal Plus stock exactly matched the number of bottles of Fatal Plus in the locked cabinet. In addition, the number of bottles dispensed in the ledger matched the number of bottles present in the individual euthanasia kits. Each individual log book was also examined. They were filled out carefully, with each entry noting date, animal, ID number, and cc's administered. The log books appeared to be fully filled out with running drug totals matching amounts administered. Consistent with accepted practices, KCACC returns any partially used or expired bottles of un-reconstituted Fatal Plus to the manufacturer for destruction.

The Drug Enforcement Administration (DEA) had conducted an assessment of KCACC narcotics inventory logs; they declined to leave a copy of their written report, hence I could not review their report. KCACC reports that the DEA found the record keeping of the shelter records to be in order. Further, KCACC reports that the DEA did not cite a single deficiency citation to KCACC.

To summarize regarding record-keeping, shelter administrators keep a log book locked in the shelter administrative offices. This log book contains a list of all bottles of Fatal Plus in the

³ Note: While examining one of the euthanasia kits, in addition to a bottle of Fatal Plus, a pen and a log book, there was an envelope that contained a 3cc syringe filled with 2cc of a clear liquid. There was no notation on the syringe or on the envelope noting what the contents of the syringe might be. The lead sergeant was asked about the syringe. He noted that it probably contained Telazol that had been obtained from the veterinary clinic to sedate a dog prior to euthanasia. He suggested, which seemed very plausible, that the euthanasia technician thought she would need the Telazol prior to euthanasia, but then found the dog easier to handle than she thought. So the Telazol wasn't needed. To keep the Telazol in a safe place, she locked the drug in the euthanasia kit. The following day when the euthanasia kit was reopened by the lead sergeant, while I observed, the syringe was missing. I asked the lead sergeant what happened to this syringe. He noted that he had removed the syringe, discarded its contents, and notified the euthanasia technicians that they are not supposed to leave medication in their euthanasia kits (besides Fatal Plus). Note about this incident: The lead sergeant handled this situation appropriately. However, this situation speaks to less than optimal control and documentation of controlled substances. The veterinary clinic should not be dispensing medication in syringes without some kind of label, noting what drug is inside the syringe. Even if time is short and the veterinary staff can't take the time to write out a complete drug label, they should be marking the outside of the syringe casing or the stopper with a 'T' for Telazol (or some other similar marking system) in indelible marker. Secondly, if a euthanasia technician logs out a drug and then doesn't use it, the drug should be returned to the veterinary clinic. Telazol does have abuse potential, so it should be tightly controlled. Having drug stock 'missing in action' could potentially have serious consequences.

shelter inventory. As each bottle is removed from the inventory and assigned to a specific euthanasia technician, this information is recorded in the log book. Once a euthanasia technician receives a bottle of Fatal Plus, this is logged into the log book that is contained within each euthanasia kit. As animals are euthanized, entries are made into the log book, noting date, animal ID number, species/breed, and dose of Fatal Plus administered. I did not find inconsistencies with this record-keeping.

Fatal Plus Dosage

This section will provide a review of the amount of Fatal Plus used per animal. I interviewed several shelter administrators and ACO euthanasia technicians. In addition, I examined the log books of the lead sergeant and the log books in the individual euthanasia kits.

Dosages varied considerably. A few examples follow:

- a. 1.5 year old terrier10ml
- b. 16 year old German Shepherd.....12ml
- c. 3 month old puppy.....5ml
- d. Feral adult cat.....9ml
- e. 1 year old cat.....7ml
- f. 13 year old cat.....4ml
- g. Puppy (no age noted)6ml

Euthanasia technicians and shelter administrators reported different dosing schedules. One shelter administrator reported “I start with 5cc for a cat and go up from there.” Another euthanasia technician reported “I always give extra just in case. I use about 10 to 15 cc for a dog; less for a cat.” Shelter policy document SH2-013A, titled Shelter Statistical Reporting, states, on page 10, “Dosage review: Review dose amount to verify that dose is in a reasonable range, generally 3-8 cc’s for cats and 4-30 cc’s for dogs”.

The MSDS Data sheet on Fatal Plus, the product information sheet on Fatal Plus, the American Humane Euthanasia training book, and personal communication with a board certified anesthesiologist, written information in veterinary pharmacology books, and KCACC’s own policy manual (SH2-007A) all are in agreement on the dose of Fatal Plus to use. The dosage that should be used in all euthanasia cases is: 1cc Fatal Plus per 10 pounds of body weight intravenous (IV). This dose should be tripled for intra-peritoneal (IP) use.

Conclusions: Fatal Plus Dosage

Most of the animals at KCACC shelters are given more than the required amount of drug. There is no benefit to this extra drug use; it does not kill the animal in a more humane or effective way. Further, using extra Fatal Plus on each animal opens the shelter up to potential criticism that they use less drugs than are recorded in the log book and save the additional Fatal Plus for use on other unrecorded animals. To be clear, there was absolutely no evidence that the shelter was doing this. However, if KCACC would use the recommended dosages, the shelter could better explain and document drug administration that is consistent with manufacturer standards and KCACC's own policies. Looking at the list of drugs given above, 12cc euthanasia solution is appropriate for a 120 pound dog; a very elderly German Shepherd most certainly could be humanely euthanized with less drugs. The same is true of the 5cc used for the three month old puppy; 5cc is adequate for a 50 pound dog and very few puppies are 50 pounds by three months of age.

As a general guide, use 1cc intravenous (IV) for a 10 pound cat, and 3cc IP for a 10 pound cat. These dosages can go up and down slightly by the weight of the cat. Dog dosages can be estimated based on the dog's weight. (1cc per 10 pounds of weight if Fatal Plus is given IV; so 1cc for a 10 pound dog, 2cc for a 20 pound dog; 5cc for a 50 pound dog IV, and so on). Very few dogs weigh 100 pounds, so very few euthanasia logs should say 10cc (or more) IV for a canine euthanasia. The notation in the KCACC shelter guideline of 4 to 30ccs per dog is not accurate; 30cc of IV FatalPlus will kill a 300 pound animal. Again, using excessive amounts of Fatal Plus has no advantages over using the correct dose.

Disposal of Dead Animals

The euthanasia room is small and the floor space is rather cramped when euthanasia is done on the floor.⁴ The process of moving the dead animal from the euthanasia room to the barrel outside the door was cumbersome and difficult, particularly for larger animals. The area where this process occurs is at the rear of the building where deliveries, workmen, and citizens who are searching for the remains of their pets park their vehicles. The property of the Kent Shelter is not bio-secure. Hence, it is possible – and it happened during the site visit – that staff are placing dead animals in the disposal barrels at the same time that workmen and the public are in the area where these barrels are placed. As a service to the citizens of King County, shelter staff should avoid a situation that is potentially highly upsetting for an owner or other visitor to

⁴ It is reasonable to perform euthanasia on the floor, because some dogs are much more nervous and difficult to restrain when they are on an examination table.

the shelter. Given that the euthanasia room is too small to accommodate the disposal barrel, KCACC could consider other approaches, such as the installation of a small screen.

Rinsing Off of Euthanasia Solution

After each euthanasia, the ACO euthanasia technician disposed of the needle and then rinsed off the syringe under running water. Euthanasia solution is thick and sticky when it dries. The syringe was rinsed off to keep it clean and ready for the next use. Since the syringe does not need to be sterile for the euthanasia process, and since new syringes are relatively expensive, the euthanasia technician thought this was a prudent thing to do. However, Fatal Plus is toxic to wildlife. Due to the toxicity of this drug, even small amounts entering the water system should be avoided. This process should be discontinued. A new syringe should be used as needed. It should be noted that the Washington Board of Pharmacy and the Environmental Review Board did not have a problem with disposal of small amounts of Fatal Plus into the waste water, because they felt that this drug would be inactivated by the waste water treatment process. However to ensure no Fatal Plus enters the water system it would be appropriate to use new syringes each time.

Euthanasia Record-Keeping

In 2008, according to Chameleon records, 2,182 dogs and cats were euthanized at KCACC. A random sample of 2008 euthanasia records were reviewed to determine whether procedures and controls were adequately used to guide selection of animals for euthanasia and whether documentation about why animals were euthanized was reasonable. The analysis of this random sample directly addresses some prior concerns by stakeholders that animals are euthanized for inappropriate reasons at KCACC.

Methodology

To obtain the random data set, a chronological list was obtained of all animals euthanized at KCACC in 2008. This list began with January 1, and proceeded to December 31, with animal ID numbers listed on each date that animals were euthanized. Some days no animals were euthanized; other days many animals were euthanized. To obtain a random sample of at least 100 records, every 20th record was pulled from this chronological euthanasia list. This resulted in a list of 104 record numbers. By pulling every 20th record from the entire 2008 euthanasia list for examination, a random sample was obtained; we did not select records according to season or according to species/breed. By using this methodology, no type of animal euthanasia was selectively examined. (For example, we did not seek records to examine just one type of

euthanasia, such as euthanasia of pit bulls, or euthanasia of bite quarantine animals, or euthanasia of animals that were relinquished by owners specifically for euthanasia, or euthanasia of cats, or euthanasia for medical versus behavioral reasons.) Further, no one at KCACC knew that this type of sample was going to be collected prior to the onset of records collection. This insured that the records collected were a true random sample. It would have been impossible for anyone to hand select certain records to be inspected or to withhold certain records from inspection.

For each of these 104 records, an attempt was made to retrieve the 'outcome' field from Chameleon. This field contains an overview of the animal, how it arrived at the shelter, why it was euthanized, the amount of euthanasia solution administered, as well as the date and time of the euthanasia, and the person who performed it.

Summary of Record-Keeping Analysis

Overall we found that documentation of euthanasia decision-making was not complete. It is understandable that in a busy, stressful, and sometimes chaotic shelter environment staff feel they have more important tasks than updating computer files. Animals are in need and waiting for their attention. However, as a result of incomplete computer files, the shelter has inaccurate data for statistical planning, and they are not able to offer good documentation of why treatment and euthanasia decisions are made. Exhibit 2 provides a summary of the euthanasia records:

Exhibit 2: Summary of Analysis of Euthanasia Records

EUTHANASIA RECORDS EXAMINED		TOTAL
		104
Incomplete Outcome Fields		57
<i>Incomplete Records w/Notes</i>	Detailed Breakdown	Percent of Total Records
- Notes Medical	9	8.7%
- Notes Behavior	23	22.1%
- Notes Other	2	1.9%
<i>Incomplete Records w/Memos</i>		
- Memos Medical	9	8.7%
- Memos Behavior	11	10.6%
<i>Incomplete Records w/Partially Filled-out Other</i>	3	2.9%
Complete Outcome Fields		47
<i>Clear Notes Why Euthanasia Needed</i>	32	30.8%
<i>No Clear Notes Why Euthanasia Needed</i>	15	14.4%
		100.0%

Record-Keeping Sample – Additional Notes

Over one-half of the records (57) did not have a complete 'outcome' record. Of these incomplete records, most had notes/memos recorded in three areas: Medical, Behavior, and Other.

Medical Notes

Notes which related to medical problems were very detailed about what the medical problems were; some were brief; and none of them contained the specific information about date/time of euthanasia or amount/route of euthanasia drugs; and this information was *not* found in another part of the animal's record. Below are examples of notes relating to medical issues:

.....PTS after stray hold due to injury
.....seizures for almost 3 minutes is not recovering. [name of veterinary technician] recommended we euthanize him.
.....dog cannot get up and is deteriorating...near death... pts for humane reasons
.....FIV positive, no rescue
.....too young for feral rescue
.....medical ... old age...emaciated...extremely matted
....(very long note, extensively described sores and large abscess, mass on head), photos taken
.....cat very weak, thin and did not seem healthy
.....I called Dr X on his way to airport, told him the owner of this dog came in but would not claim and treat the dog so released to KCACC, Dr X said to euthanize dog
.....One record noted that the cat was 'aged,' and the cat was euthanized for 'medical;' in the note, it mentions that the person who found the cat wanted to adopt it regardless of the medical issue; there was no additional notation as to why this didn't happen.

Behavior Notes

Notes which related to behavior problems in most cases described in detail that the animal was either feral or exhibited very poor behavior. Below is a representative sample of these notes.

....growled, dominant, stopped eval for safety reasons
.....acts spooky, keeps an offensive stance, had to corner dog to catch him, Dr X told me the dog stared him down and growled at him
.....difficult to leash, trembling, don't trust
.....charging gate, hissing, laying ears flat, next day still not able to handle, no rescue
.....huge dog fight, dogs would not recall
.....not suitable for adoption, attacks squeegee and broom and then my leg while I was cleaning the kennel
.....called in as a stray living in a van for 5 days. The woman slipped and called him Austin and said her husband would be mad when he found the dog to be gone. Vicious.
.....growling non-stop at other dogs, hackles up

Notes Which Discussed Other Items Included

.....do not PTS per [name of veterinary technician]
.....cat came in on the 15th of sept in a trap, was not scanned or vacs. No paperwork was found. And at the request of [supervisor] I booked cat in pre-dating it as 9/18/08 making it on the stray recording today. Cat is very feral and no collar. (This is an exact duplicate of the note, no changes in grammar or spacing; exact meaning of this note is unclear)

Medical Memos

.....4 of these 9 records described a medical problem (broken back, tumor on eye, yellow cast to ears, thin and dehydrated and not eating and not responding to week of Zith) and were signed by a veterinarian
.....1 record noted 'multiple open compound fractures. Pts for humane reasons' and was signed by a shelter sergeant
.....1 record stated FeLV positive (not signed)
.....1 record stated 'owner brought dog to shelter at request of field officer, neglect, mats, smells, yeast,' signed by shelter ACO
.....1 record stated 'thin, matted, older cat with enlarged kidneys, poor teeth, rec pts' (not signed)
.....1 record stated 'recommended for euthanasia per vet tech; severe URI, signed off by shelter sergeant'

Behavior Memos

All records reviewed described unacceptable behavior; most were aggressive dogs with bite histories; a few were feral cats; all notes seemed appropriate.

Outcome Fields

Incomplete/partial 'outcome' fields on the records did have some information included in the euthanasia field; these records contained the following information:

.....condition: nursing; type: foster; subtype: too young; dose: 0.0; (no euthanasia solution was entered into the record; unclear if drug was given or kitten died)
.....adult cat; condition: normal; description: not eating, dehydrated, severe URI, and very old and thin, rec euth; (it is unclear why this cat's condition was marked as normal, but the cat's description was that of a sick animal).
.....this cat was described as condition: aged, an owner requested euthanasia; no medical exam was in the record. A note was included in the records that said: "purple people eater" (and it is not identified why this was on the record or what it signifies).

Complete Records ('Outcome' Field Was Filled Out)

These 47 records had complete outcome fields entered in Chameleon. On each of these records, euthanasia details, such as the amount of Fatal Plus given the euthanasia technician who performed the euthanasia, and date with time of euthanasia were included. In addition to

complete outcome fields and euthanasia details, 32 of the 104 records (just over 30% of the sample) had clear details recorded in other electronic fields about why the animal was euthanized. There were complete descriptions of medical problems or of behaviors observed. Although these records were complete, one of them, which had very thorough daily medical notes from the veterinarian also had a comment posted in the record that does not relate directly to euthanasia but is cause for concern and shows need for better staff oversight:

“Still has 20 pills in vial so has not been getting any meds since X date; vial was mislabeled for another cat but that cat did not get any either.”

Finally, while 15 of the records had completed outcome fields, they did not contain documentation describing the reason for euthanasia. Examples include:

Two of these 15 records were owner requested euthanasias. One was noted under condition to be: ‘aged,’ the other was noted under condition to be: ‘sick.’ While these euthanasias were probably warranted, there was no medical information in the record to substantiate the problems. Nine of the 15 records noted that euthanasia was warranted due to ‘behavior observed.’ Again, each of these may have been warranted, but the animal’s record did not have any further details of the type or severity of behavior problem noted. Finally three of the 14 records noted that euthanasia was warranted due to ‘medical,’ however none of the animals had any information in the medical part of their record. One also had a memo that stated ‘finder came in and may like to adopt regardless of health after hold,’ There was no further notation regarding this potential adopter, or if the animal’s health was so poor that adoption was not possible.

Medical Examination Files

Five of the 104 euthanasia records examined contained notations made by veterinarians. Each of these five records had medical notes listed under ‘visit type: exam.’ All of them had very complete and thorough veterinary notes; these notes clearly explained what the animals’ problems were and why euthanasia was necessary. However, the records did not contain the specific euthanasia details, regarding dose, time and who administered the euthanasia drugs.

Behavioral Evaluation Papers

After the staff performs a behavior evaluation on an animal, they fill out the behavior assessment form and make this part of the animal’s record. Once the animal is euthanized, the behavior assessment forms that went with that animal are filed, by date, in the shelter administrator’s office.

As part of this analysis of 104 euthanasia records from 2008, an attempt was made to retrieve five specific behavior evaluation forms. These five evaluations were chosen for specific reasons:

- For three of the five records, the behavioral evaluation was sought to see if it matched the descriptions of the unacceptable behaviors noted in the record.
- One behavioral evaluation was sought, because the record indicated the cat was euthanized for behavioral reasons, but there was no indication on the record of what the unacceptable behavior was.
- In the final record, the behavioral evaluation was sought because there was no indication on the record why the animal was euthanized.

It was concluded that review of the actual behavior assessment form could shed additional light on why these five animals were euthanized. Three auditors and one shelter employee, searched through the file cabinets in the shelter administrative office that contained the behavior assessment forms. Of the five forms needed, only one behavior assessment form was found. The following day, a shelter supervisor gave one of the auditors another pile of behavior evaluations, which had been found to be misfiled in the wrong year. They were returned to the filing cabinet under the correct year, because none of the forms from this second pile were among the five forms that the auditors were trying to find.

The one behavior assessment form that was found, clearly demonstrated why euthanasia was indicated. The notes in the dog's record matched the findings written on the behavioral evaluation form; hence the paper backup provided excellent justification for the euthanasia. It is unknown why the other four forms could not be located. Shelter supervisors suggested that perhaps they had been misfiled. It is also possible that paperwork was inadvertently discarded following a euthanasia. Inability to retrieve results of behavioral evaluations puts the shelter in a weak position to explain why a particular animal was euthanized for a behavior problem.

Conclusions Regarding the Sample

The review of 104 records from 2008 has highlighted that the staff at KCACC has had difficulty using the Chameleon software. Several staff members told me they only know how to do a couple of entries on the program, and if something goes wrong, they just start over with a new record. This creates errors in the data set. There are also multiple different places to add 'notes' to the records, which creates confusion when a user opens up a record; they don't know where to look for 'notes,' or they may only look in one of several places, and hence miss an important notation on the record. Outcome fields were not consistently filled out.

In addition to the inconsistent use of the data system, euthanasia decision-making is sometimes made by clinic veterinary technicians. Such decisions should be reviewed by veterinarians, prior to carrying out euthanasia procedures. Additionally, animal medical records should not include inappropriate or unprofessional remarks. For example one medical record referenced a “purple people eater;” it is unknown why this was in the medical record, but this is not an appropriate remark for a medical record. Finally, one medical record alleged that a shelter supervisor told an ACO to falsify the admission date for an animal, because the cat had been overlooked in its trap for some time. Again, it is unknown if this did occur or if this is a false accusation. If it did occur that a cat was accidentally overlooked in its trap and not admitted to the shelter in a timely way, this mistake should not be compounded by the additional error of falsifying the medical record. Finally, staff seems confused about what information should go on the cage card, versus what should be entered into Chameleon. Entering all information twice – once by hand on the cage card and once in the medical record – is time consuming and redundant.

Recommendation 12 – Euthanasia -

12. KCACC staff needs to receive training and supervision on the following:

- Calculating and administering the correct dosage of euthanasia medication consistent with product guidelines.
- Recording accurate and consistent information in the data system regarding euthanasia decision-making and administration of Fatal-Plus.
- Recording appropriate information in medical records.

CHAPTER 4: PERFORMANCE INDICATORS AND EUTHANASIA RATES

This chapter presents a review of indicators to measure shelter performance and KCACC's approach to calculating a euthanasia rate. Overall it is important that multiple indicators be used to monitor and manage KCACC as focusing on the rate of euthanasia alone does not adequately measure shelter performance. KCACC's approach to calculation of a euthanasia rate is not fully consistent with the direction in King County Code. However, other approaches such as calculating a euthanasia rate based on known outcomes for animals or monitoring a rolling live release rate may be more indicative of shelter success.

Indicators That Can Be Used To Monitor and Manage Performance

Shelter managers should consider that success for an animal shelter and an animal control agency can be understood by multiple outcome measures.

Protection of Public Health

Where the public is protected from animals with zoonotic diseases, such as rabies, as well as protecting the public from dangerous animals should be monitored. Dog bites continue to be a public health problem. To help meet the goal of minimizing dog bites, King County shelters should ensure that only healthy stable animals are eligible for adoption. A desire to lower euthanasia rates should not encourage placement of animals with unsound temperament on the adoption floor, as protection of public health is as important a criteria to assess shelter success as is reaching a set euthanasia percentage.

Euthanasia Rate

Another important measure of performance is the euthanasia rate. Significant efforts have been made, and will continue to be made, both nationally and locally at KCACC to stop euthanizing adoptable animals. Efforts to reach this goal should include: increasing spay and neuter efforts, participation and promotion of feral cat spay/neuter programs, outreach to off-site adoption venues, increased efforts to transfer animals to other facilities and to breed rescue groups, and an all out effort needs to be made to keep animals within the shelter from getting sick either behaviorally or medically.

Animal Suffering

Finally, a critical criterion to assess shelter success is the reduction of animal suffering. Shelter dogs and cats do not have a sense of future; they live in the present. Keeping this in mind, it is

important that their time at KCACC be free of true suffering. Delaying euthanasia or treating animals for illnesses when they are not responding, causes suffering and every effort should be made to minimize distress. Delaying euthanasia in an attempt to lower euthanasia rates is counter-productive, because the reduction of animal suffering is as important a measure of shelter success as is lowering the euthanasia rate.

Shelter policy should be full geared to guide a shelter toward achieving all of its outcomes: improving public health, limiting animal suffering, and euthanizing only unadoptable animals.

Calculation of Euthanasia Rate

The calculation of euthanasia rates has been the source of considerable discussion nationally among animal shelter stakeholders. In the case of King County, this calculation is not just a piece of numerical data used to track shelter intakes and outcomes; rather in King County these rates have been incorporated into the law. As noted previously under the review of Title 11:

The total number of cats and dogs euthanized by King County animal care and control is not to exceed twenty percent (20%) in the year ending December 31, 2008.

The total number of cats and dogs euthanized by King County animal care and control is not to exceed fifteen percent (15%) in the years following 2008.

The euthanasia rate is calculated at KCACC using the following approach:

$$\begin{array}{ccccccc} \text{Total} & & \text{Animals in} & & \text{Non dog} & & \text{Dead} & & \text{Carry} & & \text{Total} \\ \text{intakes} & - & \text{foster care} & - & \text{and cat} & - & \text{on} & + & \text{over} & = & \text{dogs} \\ & & \text{returned} & & \text{animals} & & \text{arrival} & & \text{previous} & & \text{and cats} \\ & & & & \text{admitted} & & & & \text{year} & & \text{handled} \end{array}$$

Total dogs and cats euthanized for any reason (including owner requested euthanasias) is determined:

Calculation of the total euthanasia as a percentage of the total animals handled

$$= \text{Euthanasia \%}$$

Discussion of Calculation Of Euthanasia Rate

Title 11 of King County Code statute stipulates that euthanasia calculations are based on the number of dogs and cats that are euthanized. Although all animals are important, and the shelter should calculate outcomes including euthanasia for all animals, the calculation for compliance with the Title 11 statute requires that only dogs and cats be counted. For this reason, all non- dog and cat intakes are subtracted from the total yearly intake. It is consistent with accepted practices that wildlife, rabbit, small mammal, reptile, bird, and other species

should continue to be subtracted from the intake totals for the purposes of calculating the canine and feline combined euthanasia rate.

Euthanasia rates are designed to determine what percentage of animals are killed at the shelter. For this reason, it does not make sense to include in intake numbers animals that already arrive at the shelter dead. Dead on arrival (DOA) animals include road kill, and animals that the public may bring to the shelter that are deceased by the time they arrive at the shelter.

It is appropriate that DOA numbers should continue to be subtracted from the total intakes.

The issue of whether to include animals that return from foster care in intake numbers is controversial. Numerically, a newly admitted animal that later returns from foster care to the shelter is the same animal; each foster return is not a new animal. If an animal bounces back and forth three times between the shelter and foster care, it is still the same animal. From this perspective, it is logical to exclude foster returns from intake numbers; they are not new animals entering the shelter system. Therefore, it is appropriate that returning foster animals should continue to be deducted from total intakes. However, it is worthwhile to carefully track foster care returns. From a management perspective, a returning foster animal is just as much work to process and admit as a new animal.

Adding in the carryover from the preceding year is an important part of total animals handled. This could only be omitted if the shelter was totally empty on December 31 of each year, so that census on January 1 of the following year would begin at zero. Since this is never the case, animals remaining in the shelter at the end of the year must continue to be added to the following year totals to determine the total dogs and cats handled.

Two points need to be considered with adding the carryover from the preceding year.

1. The code does not state that carry over should be considered; it is unclear if this is a violation of the statute as written.
2. If the carryover from the preceding year is to be added into the 'total animals handled', then the remainder at the end of the year also needs to be subtracted from the 'total animals handled.' It is incorrect to add carry over but not subtract remainder. Either one of two systems must be in place: either carry over is added along with remainder subtracted, or neither carryover nor remainder should be considered. Considering only one of these two populations is not correct.

Observations – Euthanasia Calculation - Carryover Population

From the way the statute was written, neither remainder nor carry over should be considered. From a shelter management perspective, and to get the most accurate data, carryover should be added and the remainder should be subtracted to calculate the euthanasia percentage.

A final point for discussion is how to consider owner requested euthanasia in the calculation of the euthanasia rate. In some shelters, if an animal is brought into the shelter by the owner and the owner requests euthanasia, the euthanasia is carried out without any evaluation on the part of the shelter. In essence, euthanasia is a public service. It falls outside of the true sheltering system. These animals are not admitted as potential adoption candidates. Indeed, they are not really admitted at all. The shelter euthanizes animals for the public as a public service; the shelter offers the pet-owning public an alternative to euthanasia at a private veterinary office. Such animals should not be included in the calculation of euthanasia statistics.

When the Asilomar Accords were crafted, they released a document on the calculation of the shelter euthanasia statistics. They allowed for subtraction of owner requested euthanasias, but only if they were untreatable and unmanageable. The reasoning behind this subtraction was as described above: if an animal is untreatable, unmanageable, and can't be saved then it is euthanized. Such animals aren't entering the sheltering system; they are brought to the shelter to be euthanized.

In the case of KCACC, there isn't truly a category of 'owner requested' euthanasia. It is listed on the intake form, because owners do bring their animals to the shelter to be euthanized. But once admitted, each animal including those dropped off for euthanasia is evaluated. If they are found to be treatable, the euthanasia is not carried out. This is a commendable policy for KCACC. They are making every effort to evaluate every animal. This policy would prevent a potential euthanasia of a healthy animal that was brought to the shelter by a dishonest person who made unfounded claims of illness in their pet.

Observation – Euthanasia Calculation – Owner Requested

That subset of 'owner requested euthanasia' animals that are admitted to the shelter, evaluated, and then euthanized should be separately tracked. A euthanasia rate should be calculated that includes these animals, and then a second rate should be calculated that excludes these animals. Including them in the euthanasia statistics reflects the work of the shelter (these

animals were admitted, evaluated both medically and behaviorally, euthanized, and disposed of). Hence they should be included in the summary statistics of the shelter. However, a euthanasia calculation that excludes them more accurately reflects the true ‘sheltering’ function of the shelter. A significant proportion of the ‘owner requested euthanasia’ animals are sick and do eventually get euthanized. Inclusion of these animals in the overall euthanasia statistics unfairly raises the euthanasia percentage, when in fact, it does not indicate poor shelter success. These animals come to the shelter with major problems – they typically are not adoption candidates – and once their problems are confirmed, they are euthanized.

Some Final Considerations of Euthanasia Rates

The euthanasia rate alone does not necessarily reflect shelter success. There was a strong sense of ‘worry’ amongst both KCACC Animal Control Officers (ACO) and administrators about meeting the legislated euthanasia rates. Many officers noted that it is ‘constantly hanging over our heads, with every decision we make.’ Some of this anxiety may be misplaced and not productive, as there are many measures of shelter performance and success.

When considering euthanasia rates, it is important to realize that total euthanasia percentages can be elevated or reduced without actually changing the number of animals euthanized. For example, euthanasia rates can vary dramatically if number of animals euthanized is stable and the remainder of animals increases. A more critical example is the scenario where absolute number of animals euthanized declines, while the number of animals remaining at the end of the year increases; in this case, the euthanasia percentage will decline (if euthanasia rates are calculated as stipulated in the current code). This can appear as success, when it actually amounts to warehousing animals. Keeping animals in excess of the maximum holding capacity of the shelter leads to overcrowding, stress, and often severe disease outbreaks. Although euthanasia rates may be low, animal disease levels and animal suffering may be high.

In addition, calculation of euthanasia rates, as currently done, only looks at animals killed and animals admitted. The fate of the admitted animals – whether they are adopted, whether they are transferred out to another facility or whether they die in their kennels – has absolutely no impact on the euthanasia percentage. By considering this, one can see that the euthanasia percentage is a rather crude indicator of shelter functioning.

Finally, it is important to consider that there is an inverse relationship between good animal policy and euthanasia rates. Good animal policy aims to create a responsible animal-owning

public. For example, animals wear identification, animals are not bred and trained to be fighting or attack dogs, housing complexes are animal-friendly, the community has an active trap, neuter, and release (TNR) program to keep feral cat populations low, and citizens are encouraged to spay and neuter their pets. All of these programs keep animals out of the shelter, which is better for the animals. Intake numbers substantially decline. When absolute numbers of animals euthanized stays the same, decreased intake will mathematically increase euthanasia rates. Again, based on euthanasia rates, this scenario could appear as failure, when in fact it reflects shelter success.

All of these points lead to the same conclusion: the euthanasia rate alone does not reflect shelter performance or shelter success.

Euthanasia rates are more accurate if they are calculated as a percentage of animals with a known outcome (not as a percentage of intakes). Calculating euthanasia rates in this way would require a change in the law as it is currently written. It would reflect more accurately what was accomplished at the shelter.

The following chart allows for a direct comparison between euthanasia calculations based on intake versus based on outcomes. The numbers have been kept small and simple for ease in considering the concepts behind the example.

Exhibit 3: Calculation of Euthanasia Rates by Intake vs. Outcomes

Shelter Intake: 10 animals

Shelter Intake 10	Example 1 Start = 10 pets	Example 2 Start = 10 pets	Example 3 Start = 10 pets	Example 4 Start = 10 pets
Adopted	5 pets	1 pet	8 pets	1 pet
Euthanized	2 pets	2 pets	2 pets	0 pets
Held Over	10 -5-2 = 3 pets	10-1-2 = 7 pets	10-8-2 = 0 pets	10-1-0 = 9 pets
Euth As % Of Intake	2/10 = 20%	2/10 = 20%	2/10 = 20%	0/10 = 0%
Euth As % Of Known Outcomes	2/7 = 28.6 %	2/3 = 66%	2/10 = 20 %	0/1 = 0%

An additional benefit of calculating euthanasia rates based on known outcomes is that accurate data would need to be kept of the foster care system in place at KCACC. All of the animals in the foster care system do not have a known outcome; it is still uncertain whether they will be

adopted directly from their foster home, become permanent pets of the foster home, be returned to the shelter for adoption once well, or die in foster care. A total count of all the animals in foster care would therefore need to be deducted from the known outcomes total for a given time period. At the current time, the foster care system does not keep close enough tabs, and does not do enough weekly follow up on every animal in foster care, to determine how many animals are in the foster care system. Improved record keeping at KCACC should include better data collection on the foster care program.

Calculating additional outcome reassures, such as the Rolling Live Release Rate, offers an outcome measure that may be more indicative of shelter success than the euthanasia percentage. Rolling live release rate adjusts for changes in shelter census, so it is a better indicator of what percentage of animals are discharged from the sheltering system alive. It is calculated as follows:

$$\text{Rolling Live Release Rate} = \frac{\text{Animals released alive during X time period}}{\text{Carry over} + \text{Live intake during X time period}}$$

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APPENDICES

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APPENDIX 1

Scope of Work Euthanasia Practices, Procedures, Reporting

1. Evaluate existing euthanasia protocols, including criteria used by KCACC to determine whether an animal should be euthanized. Determine whether KCACC protocols are consistent with best practices.
 - 1.1. Research euthanasia best practices, guidelines, and regulations, including Drug Enforcement Administration, Code of Federal Regulations and State Veterinary Board guidelines and standards.
2. Review existing KCACC euthanasia procedures and controls. Determine whether procedures include sufficient controls over decision-making and record-keeping responsibilities. Determine whether procedures are consistent with best practices.
 - 2.1. Interview staff regarding euthanasia protocols and record keeping practices.
 - 2.2. Observe protocols and euthanasia practices.
 - 2.2.1. Source of animals: relinquishments versus strays
 - 2.2.2. Protocol for determining which animals are euthanized
 - 2.2.3. Who carries out euthanasia protocol: group vs. individual decisions
 - 2.2.4. Protocol for challenging group decision
 - 2.3. Evaluate shelter criteria used to make euthanasia decisions for individual animals.
 - 2.4. Determine whether staff follow shelter criteria when making euthanasia decisions.
 - 2.5. Review euthanasia records for completeness and implementation of appropriate controls (signatures, approvals).
 - 2.5.1. Review records for inconsistencies—Are pharmaceutical records consistent with euthanasia records?
 - 2.5.2. Are euthanasia records consistent with Chameleon records?
 - 2.5.3. Identify appropriate tests of pharmaceutical and Chameleon data to determine if euthanasia records are complete and accurate.
3. Identify indicators that can be supported by the existing Chameleon data system to monitor and manage euthanasia.
 - 3.1. Review KCACC's method of calculating euthanasia rates.
 - 3.2. Test whether KCACC has accurately and consistently followed its method.
 - 3.3. Evaluate whether KCACC's method is appropriate.

APPENDIX 2

Dog and Cat Behavior Assessment Forms



King County
Animal Care and Control

Animal ID# _____

Assessment Date _____

Officer _____

Dog Behavior Assessment Form

Bull breeds and PB Rotts must have one person with at least one-year assessment experience involved in the assessment. They may not go out if any score is lower than a 4. Kennel Manager or Adoption Program Manager approval is required for exception to this.

Merging History to B/A results:

Read through the dog's history to see what owner said about children, other dogs, cats, escape tendencies, biting, etc.

- ☐ For children and other animal restrictions default to the highest restriction needed (per hx or b/a)
- ☐ Dogs with escape issues who score lower than 4 on any section need Kennel Manager or Adoption Program Manager approval before being okayed to check in.
- ☐ Dogs with a known bite history need either an Operational Manager or Director to approve a b/a.

Environment response

1. Kennel Behavior (gate closed, stand quietly in front of the run turned side-ways, look straight ahead, not at the dog)

	Score
<input type="checkbox"/> In the front; solicitous; approaches for interaction	5
<input type="checkbox"/> Excitement barking; jumping; calmly approaches	4
<input type="checkbox"/> Laying down, does not get up, cautious; shaking; nervous; runs in/out	3
<input type="checkbox"/> Hiding outside, will not come in; exits to outside in avoidance	2
<input type="checkbox"/> Lunging; growling; charging	1

2. Kennel Behavior (after a 5 second direct eye contact, gate closed)

<input type="checkbox"/> Stays calm and friendly, relaxed body postures	5
<input type="checkbox"/> Becomes a nervous and avoids your eye contact (turns head sideways, diverts eyes)	4
<input type="checkbox"/> Becomes submissive or frightened (moves away, ears back, tail down, body lowered)	3
<input type="checkbox"/> Becomes defensive (growling, barking, baring teeth, lunging forward)	2
<input type="checkbox"/> Becomes offensive (growling, barking, baring teeth, lunging forward) all while maintaining direct stare back at you	1

Interaction with handler

3. On-leash behavior

<input type="checkbox"/> Walks nicely, little to no pulling	5
<input type="checkbox"/> Pulls on leash; slinks/crouches while walking	4
<input type="checkbox"/> Does not walk on lead, must be coaxed or carried	3
<input type="checkbox"/> Bites at leash; "helicopters" on leash, frantic to get away	2
<input type="checkbox"/> Unable to safely walk on leash	1

Dogs must score over 9 on the above 3 scores to continue on in the assessment. Allow the dog some time to interact with you in the evaluation area to get comfortable for a few minutes before starting the physical exam section of the evaluation.

4. Teeth check (handle dogs teeth 5 times for 5 seconds each time)

<input type="checkbox"/> Allows teeth to be examined without incident	5
<input type="checkbox"/> Struggles slightly but allows exam	4
<input type="checkbox"/> Struggles fiercely, unable to examine, but no signs of aggression or tries to push you away, jumps on you	3
<input type="checkbox"/> Stiffens, whale eye, low growl or whips head around at you with no attempt to bite	2
<input type="checkbox"/> Whips head around you and attempts to bite	1

APPENDIX 2 (Continued)

Dog Evaluation Form, Page 2

5. Body handling and restraint (paws, tail, muzzle, body stroke and restraint hold, asses-a-hand may initially be used if unsure of dogs reactions)

- | | |
|--|---|
| <input type="checkbox"/> Remains relaxed | 5 |
| <input type="checkbox"/> Pulls away, without aggression; hyperactive; stiffens | 4 |
| <input type="checkbox"/> Freezes with handling (ears flatten, tail tucks, whale eye), whips around | 3 |
| <input type="checkbox"/> Growls during handling | 2 |
| <input type="checkbox"/> Unable to safely do any of the above; not comfortable trying any of the above | 1 |

6. Play/arousal reaction (initiate play with a tug for 15 seconds, then stop and stand still)

- | | |
|--|---|
| <input type="checkbox"/> Wants to play but settles down once stimuli stops | 5 |
| <input type="checkbox"/> Avoids stimuli, engages with handler immediately once stops; jumpy and mouthy during play, settles once stimuli stops; uninterested in play | 4 |
| <input type="checkbox"/> Jumpy and mouthy, does not settle once stimuli stops | 3 |
| <input type="checkbox"/> Cowers during stimuli, continues avoidance once stimuli done but will come with coaxing; barks (not in play) during interaction | 2 |
| <input type="checkbox"/> Growls, attempts to bite | 1 |

7. Food bowl behavior (using canned food and asses-a-hand)

- | | |
|---|---|
| <input type="checkbox"/> Continues eating at same pace, tail relaxed or wagging; stops eating | 5 |
| <input type="checkbox"/> Eats faster, body still relaxed no tail wag | 4 |
| <input type="checkbox"/> Eats faster; body stiffens | 3 |
| <input type="checkbox"/> Frenzied eating, bites at hand (without growl) from lack of inhibition | 2 |
| <input type="checkbox"/> Growls, stands over food, attacks hand | 1 |

8. Rawhide (or other valuable resource to dog) behavior. Allow dog to start eating it, then ask to drop and reach for it with the asses-a hand

- | | |
|--|---|
| <input type="checkbox"/> Gives up item easily when requested | 5 |
| <input type="checkbox"/> Doesn't give it up, but easily allows item to be taken away | 4 |
| <input type="checkbox"/> Resists having it taken away, without any signs of aggression | 3 |
| <input type="checkbox"/> Freezes, gives whale eye, snarls | 2 |
| <input type="checkbox"/> Growls, lunges, attempts to bite | 1 |

Interaction with other animals

9. Dog introduction (using dogs that will interact, but not necessarily push the other dog)

- | | |
|--|---|
| <input type="checkbox"/> Does good with both sexes; elicits play; "listens" to other dog | 5 |
| <input type="checkbox"/> Uninterested in other dogs | 4 |
| <input type="checkbox"/> Gets along with opposite sex dog only; extreme dominant body language | 3 |
| <input type="checkbox"/> Can be around other dogs, if they are not interacting | 2 |
| <input type="checkbox"/> Instigates fights (both sexes) if in same area | 1 |

10. Cat introduction (using a cat that is comfortable with dogs approaching it)

- | | |
|---|---|
| <input type="checkbox"/> Sniffs; shows interest, disengages on own; uninterested | 5 |
| <input type="checkbox"/> Tries to initiate play | 4 |
| <input type="checkbox"/> Rough play style; focused on cat but recalls easily to handler | 3 |
| <input type="checkbox"/> Freezes; focused on cat and unable to recall | 2 |
| <input type="checkbox"/> Barks; lunges; attempts to grab; will not recall | 1 |

Total Score _____

See Score Key, page 3.

APPENDIX 2 (Continued)

Dog Evaluation Form, Page 3

Key for use. Indicate on comment form where/why assessment was stopped.

Section 1-3. Score 2 or 1 = an end to the assessment, dog is not to be pushed.

Section 4 Score 3 = an automatic child restriction 6+
Score 2 or 1 = an end to the assessment.

Section 5 Score 3 = an automatic child restriction of 12 +
Score 2 or 1 = an end to the assessment

Section 6 Score 3 = an automatic child restriction 6+
Score 2 = automatic child restriction 12+
Score 1 = an end to the assessment

Section 7 Score 3 = automatic child restriction of 6+
Score 2 = automatic child restriction 12 +
Score 1 = an end to the assessment

Section 8 Score 3 = automatic child restriction of 6+
Score 2 = automatic child restriction of 12+
Score 1 = an end to the assessment

Section 9 Score 3 & 2 = dog intro required
Score 1 = dog free home

Section 10 Score 3 = notation that may be too much for most cats
Score 1 & 2 = cat free home

APPENDIX 2 (Continued)



Animal ID# _____

Assessment Date _____

Officer _____

Cat Behavior Assessment Form

Environment response (without any interaction with the cat)

- | | |
|---|-------|
| 1. Location in cubby | Score |
| <input type="checkbox"/> In the front | 5 |
| <input type="checkbox"/> In the middle or rear | 4 |
| <input type="checkbox"/> In litterpan | 3 |
| <input type="checkbox"/> Hiding behind objects | 2 |
| <input type="checkbox"/> Trying to escape, lashing out | 1 |
| 2. Body posture in cubby | |
| <input type="checkbox"/> Totally relaxed (sprawled out), solicitous & interactive | 5 |
| <input type="checkbox"/> Relaxed but very observant | 4 |
| <input type="checkbox"/> Reserved (watching, no movements, stiffness to body) | 3 |
| <input type="checkbox"/> Fearful (hissing, crouching) | 2 |
| <input type="checkbox"/> Aggressive (lunging, swatting, etc) | 1 |

Interaction with handler in cubby

- | | |
|---|---|
| 3. Upon approach of closed cage | |
| <input type="checkbox"/> Cat comes forward for interaction | 5 |
| <input type="checkbox"/> Cat stays in place, but kneads, purrs, blinks/winks | 4 |
| <input type="checkbox"/> Cat does not react or retreats without aggression | 3 |
| <input type="checkbox"/> Cat retreats with aggression (hissing, ears flat, growling) | 2 |
| <input type="checkbox"/> Cat lunges/charges | 1 |
| 4. Upon opening cage and offering your hand | |
| <input type="checkbox"/> Cat head-butts and rubs against | 5 |
| <input type="checkbox"/> Cat slowly approaches and sniffs hand and warms up | 4 |
| <input type="checkbox"/> Cat retreats without aggression, tries to escape, or no reaction | 3 |
| <input type="checkbox"/> Cat retreats with aggression (hissing, growling, ears flat) | 2 |
| <input type="checkbox"/> Cat lunges/charges handler | 1 |
| 5. Upon petting cat's head | |
| <input type="checkbox"/> Cat rubs, purrs and enjoys interaction | 5 |
| <input type="checkbox"/> Cat tolerates, warms up with petting (kneading, etc) | 4 |
| <input type="checkbox"/> Cat freezes and can be handled, does not relax or retreats | 3 |
| <input type="checkbox"/> Cat allows limited handling, then growls, swats, tries to escape | 2 |
| <input type="checkbox"/> Cat lunges, hisses, swats, or unable to safely handle | 1 |
| 6. Upon stroking entire body | |
| <input type="checkbox"/> Cat rubs, purrs and enjoys interaction | 5 |
| <input type="checkbox"/> Cat tolerates, warms up with petting (kneading, etc) | 4 |
| <input type="checkbox"/> Cat freezes and can be handled, does not relax or retreats | 3 |
| <input type="checkbox"/> Cat allows limited handling, then growls, swats, tries to escape | 2 |
| <input type="checkbox"/> Cat lunges, hisses, swats, or unable to safely handle | 1 |

Total Score _____

APPENDIX 2 (Continued)

Any cats that score over 20 points on the above section may proceed to the following section. If a cat has a score between 20 and 15, give at least another 24 hours to settle in and look for improvement trends the following day. Cats that score 15-9 points should be considered for euthanasia unless history is good. Cats that score 9 points should be considered for euthanasia, regardless of history.

Interaction with handler out of cubby-

Take into quiet room (vet exam room, get acquainted room, etc) using proper cat handling techniques (holding scruff and paws to move) and set onto table or counter.

7. Acceptance of restraint (handling during move)

<input type="checkbox"/> Cat settles in your arms, may even begin to purr, feels relaxed	5
<input type="checkbox"/> Cat stiffens but allows handling	4
<input type="checkbox"/> Cat struggles but submits to handling	3
<input type="checkbox"/> Cat struggles and will not tolerate moving	2
<input type="checkbox"/> Cannot get cat out of the cubby	1

8. Behavior on table (block from getting off table)

<input type="checkbox"/> Cat willingly interacts with handler	5
<input type="checkbox"/> Cat "freezes" on table, relaxes with interaction	4
<input type="checkbox"/> Cat struggles to get off of table, or freezes with out relaxing	3
<input type="checkbox"/> Cat is unable to be kept on table, searches for hiding spot	2
<input type="checkbox"/> Cat is unable to be kept on table, becomes aggressive/wall climbs or were not able to get out of cubby	1

9. Behavior with check-in style restraint (blood draw or u/a)

<input type="checkbox"/> Cat submits to restraint, seems relaxed	5
<input type="checkbox"/> Cat can be restrained but is tense	4
<input type="checkbox"/> Cat struggles but one person can hold	3
<input type="checkbox"/> Cat struggles but two people can hold, combative	2
<input type="checkbox"/> Unable to restrain for check in needs.	1

Total Score _____

Cats should have a score of 30 or over in to be considered for adoption candidates. If a cat has a good history, but scores lower then 30 please give more time to settle into the shelter, and re-evaluate before euthanasia decisions are made.

Executive Response

KING COUNTY AUDITOR

DEC 01 2009

RECEIVED



King County

Kurt Triplett
King County Executive

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Seattle, WA 98104
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November 23, 2009

Cheryle A. Broom, County Auditor
Metropolitan King County Council
King County Courthouse
516 Third Avenue, Room 1033
Seattle, WA 98104-3272

RE: Proposed Final Report – Review of King County Animal Care and Control Euthanasia Practices

Dear Ms. Broom:

Thank you for your November 17th letter and the opportunity to review and comment on the proposed final report of the Review of King County Animal Care and Control Euthanasia Practices. This review is the second report for Animal Care and Control, the first report was a performance audit issued on October 26th.

The three stated objectives of this review were to evaluate Animal Care and Control's (ACC) existing euthanasia protocols, decision making criteria and determine whether these reflect best practices; review of existing procedures and controls; and identify performance indicators.

The report notes that the county's policy, to maintain levels of animal controls that will protect human health and safety and prevent property damage and animal suffering, exceeds the level mandated by state law.

The review also commends county staff for their gentle and caring handling of animals euthanized and that decisions to euthanize are allowed to be challenged and delayed for further assessment by supervisors and staff. The review also notes the ACC's euthanasia

Executive Response (Continued)

Cheryle Broom
November 23, 2009
Page 2

process was consistent with accepted practices; surgical facilities were extremely clean and surgical practices were excellent exceeding the standard of care. The euthanasia protocols and practices are consistently applied and ACC has excellent controls over the drugs administered to the animals, though dosages may exceed standards. The drugs are secured, inventoried, properly accounted for and disposed of in a responsible manner according to the Washington Board of Pharmacy and Environmental Review Board.

While there is still room for improvement as recommended in this audit, we are proud of the progress that ACC has made in the last two and a half years, under severe budget constraints. The agency has worked hard to improve care for the animals and lower the euthanasia rate to just over 20 percent in 2008 and in 2009, the rate has continued to decline. ACC has implemented programs that have affected euthanasia practices that include enhanced cleaning and care for the animals, veterinary medical attention, off-site adoption and rescue programs, staff accountability, and customer service. In addition, a number of capital projects were completed that improved the physical site including adding new modular buildings for cat adoptions, purchasing new cat cages, moving existing cat cages away from the dogs, upgrading the cat isolation room, covering the floor drains in the dog runs, and repairing dog caging. These improvements have been made as a result of dedicated staff and volunteer efforts during a period of organizational uncertainty.

The ACC review response contains specific recommendations related to the physical elements in the shelter itself, criteria and protocols for behavioral and medical assessments, management of feral cats, and training and supervision for administration of drug dosages, and use of the Chameleon information system for medical records (see Attachment A). We both concur and/or partially concur with all the recommendations. However, implementation of any of the recommendations would require additional resources that the County simply does not have, and in fact, the county will no longer be providing animal sheltering services beyond January 31, 2010.

The recommendations identify issues that we strongly recommend the County and/or Cities require of their selected animal shelters. We also would like to strongly encourage the new shelters to reduce the numbers of unwanted pets and to thus maintain the lowered euthanasia rates achieved by King County Animal Care and Control by providing spay and neuters of all animals prior to adoption, as we have done in King County. RALS and the remaining Animal Control staff will provide as much assistance as is requested in transitioning to a new model for both animal care and control.

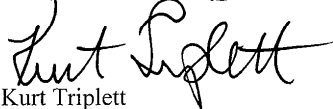
I appreciate the professionalism of both the executive and audit staff, throughout this review process.

Executive Response (Continued)

Cheryle Broom
November 23, 2009
Page 3

If you have any questions regarding the response, please contact Carolyn Ableman, RALS Division Director, at 206-296-3185 or Dr. Sharon Hopkins, Public Health Veterinarian at 206-263-8454.

Sincerely,

A handwritten signature in black ink, appearing to read "Kurt Triplett". The signature is fluid and cursive, with a horizontal line above the "t" in Triplett.

Kurt Triplett
King County Executive

Attachment

Cc: Valerie Whitener, Senior Principal Management Auditor, King County Council
Noel Treat, Chief of Staff, King County Executive Office
Beth Goldberg, Acting Budget Director, Office of Finance and Budget
Bob Cowan, Director, Department of Executive Services (DES)
Carolyn Ableman, Director, Records and Licensing Services, DES
David Fleming, Director, Department of Public Health (DPH)
Caroline McShane, Deputy Director, Finance and Business Operations Division, DES
Sharon Hopkins, Public Health Veterinarian, DPH
Nancy McKenney, Interim Manager, RALS Animal Care and Control, DES

Executive Response (Continued)

Attachment A-Executive Response-Review of Animal Care and Control Euthanasia Practices

Recommendations	Agency Position Concur, Partially concur, or Do not concur.	Schedule for Implementation Indicate your plan and a date for implementation.	Comments Briefly summarize your reasons for partial or non-concurrence. Concurrence does not require comment.
General Statement		<p>Based on the decision of the Executive and provisions of Motion 13092 to phase out animal sheltering services by January 31, 2010, the resources to develop and implement new program elements will not be provided.</p> <p>At this time, all available resources of King County Animal Care and Control (KCACC) are being applied to produce the required current level of service, and to prepare for flood evacuation if flooding occurs before alternate sheltering services are available.</p> <p>We strongly encourage the County and/or Cities to require the selected animal shelter or shelters to comply with the report recommendations and euthanasia requirements or standard practices.</p> <p>Further, to reduce the number of unwanted pets and maintain the low euthanasia rate achieved by KCACC, we strongly encourage the County and/or Cities to assure that the selected animal shelter or shelters spay and neuter all animals prior to adoption.</p>	

Executive Response (Continued)

Attachment A-Executive Response-Review of Animal Care and Control Euthanasia Practices

Recommendations	Agency Position	Schedule for Implementation	Comments
1. KCACC needs an appropriate room and location to perform animal evaluations.	Concur		Funding needs to be identified to make these improvements.
2. ACC supervisors need to assign a dedicated protected time to perform behavioral assessments.	Partially concur		Supervisors need flexibility to assign resources where they can best meet the needs of animals. We support adding time for behavior assessments to daily schedule, but emergency animal care needs may take priority if situation warrants.
3. Both Assess-a-pet and SAFER are two behavioral evaluation assessments tools that are being used throughout the country. The shelter should consider the use of one of these methods, or obtain a full protocol from a veterinary behaviorist. Following adoption of a specific evaluation protocol, staff should be trained in reading animal behavior.	Concur		The current process and form is partially based on Sue Sternberg's Assess-a-Pet assessment. This form and process was originally borrowed from the Seattle Humane Society's prior approach to assessments. SAFER is a trademarked program by the ASPCA and is for assessing aggression in dogs; there is a feline assessment program for cats (Feline-ality). Implementing this would also require additional funds for training.
4. It is generally best to say that any dog needs to be carefully introduced to cats, while the dog is on a leash; this procedure should be continued until the dog's behavior in the home can be fully evaluated.	Concur		This advice can be provided to adopters and stressed by animal control officers.

Executive Response (Continued)

Attachment A-Executive Response-Review of Animal Care and Control Euthanasia Practices

Recommendations	Agency Position	Schedule for Implementation	Comments
<p>5. Animals should have behavioral evaluations on intake. For owner surrendered animals, if they pass their evaluation, they can immediately be moved to adoption as long as they are medically healthy. (This limits care days, saves cage space, and saves staff time and money). For other animals, this initial behavioral assessment can serve as a baseline, against which further animal evaluations can be compared.</p>	Concur		<p>Additional staffing for this purpose needs to be budgeted for.</p> <p>Dog and cat bites and dog attacks are a significant public health issue. From the public health perspective, it is imperative that animal shelter staff conduct a careful behavioral assessment. Animals with potential aggression or fear-biting behavior must either be deemed unsuitable for adoption or receive effective behavioral modification training to assure public safety. This requires additional staffing with excellent training and supervision to perform this important work.</p>

Executive Response (Continued)

Attachment A-Executive Response-Review of Animal Care and Control Euthanasia Practices

Recommendations	Agency Position	Schedule for Implementation	Comments
6. KCACC should review potential cost savings of outsourcing spay and neuter services to a local veterinary hospital. This step may be necessary to give the veterinary staff adequate time to diagnose and treat sick or injured animals within the shelter population.	Partially concur		<p>While we concur that a review could be done, the cost of staff to transport animals to and from various private vet clinics would be costly – in gas and time it would take away from other cases. The trends in most shelters is to do the spay/neuter surgeries on animals that are approved to move to the adoption areas and have the surgery performed before they go to their new home. The other concern would be having to contract with various vet clinics and negotiate a set surgery price... that would be costly to manage and coordinate.</p> <p>The Public Health Veterinarian opinion is that it is unlikely that outsourcing spay/neuters would save money. Shelter veterinarians employed by KCACC have special expertise in high volume, high quality spay and neuter procedures and can perform the surgery in a more efficient manner than most veterinarians in private practice. Furthermore, crating and transporting animals to another location is stressful to the animal and could result in more stress-related disease and behavior issues.</p>

Executive Response (Continued)

Attachment A-Executive Response-Review of Animal Care and Control Euthanasia Practices

Recommendations	Agency Position	Schedule for Implementation	Comments
7. Veterinary technicians should provide intake examinations on every animal. Positive findings are immediately reported to the veterinarian for further care	Concur		Currently KCACC does not have enough LVTs on staff to do this during its hours of operation in both locations. Dedicated staffing for this must be provided, along with oversight and supervision by the veterinarians.
8. Shelter managers and veterinarians should jointly conduct daily rounds, and jointly discuss euthanasia decisions.	Concur		The staffing has been insufficient to carry out this function on a daily basis.
9. Veterinary staff should review all treatment decisions and euthanasia recommendations.	Partially concur		While veterinary staff should review euthanasia decisions that are based on medical reasons, veterinary staff should not review euthanasia decisions based on behavior reasons.

Executive Response (Continued)

Attachment A-Executive Response-Review of Animal Care and Control Euthanasia Practices

Recommendations	Agency Position	Schedule for Implementation	Comments
<p>10. KCACC managers and veterinarians should review and update standard shelter protocols, to insure that they reflect current best shelter medicine practices. For example, the current protocol of euthanizing all kittens that test positive for FeLV should be reconsidered. Since many kittens convert, and become FeLV negative, all positive kittens should go into foster care and be retested monthly. Another example would be to revisit the choice of first line antibiotic therapy for feline upper respiratory infections.</p>	<p>Concur</p>		<p>Carrying out this recommendation is dependent on increasing the veterinary technician staff in the veterinary clinic to manage the increased testing and management of foster care. The sheltering community's standard ratio of veterinary technicians to veterinarians is 2 or 3 technicians per veterinarian. Funding at KCACC has limited this ratio to an average of less than one technician per veterinarian on duty. The number of FeLV tests and foster parent contacts required to carry out this recommendation cannot be done with current vet tech staffing levels.</p> <p>Since this report was written, the choice of first line antibiotics has been modified and a wider range of antibiotics and antivirals are now in use, depending on the veterinarian's assessment of the pathogenic agent.</p>
<p>11. KCACC should revisit its current policy of accepting feral cats, and enhance plans and procedures that allow for feral cats to be trapped, anesthetized, vaccinated, sterilized, ear tipped and returned to their colony without having to enter the shelter.</p>	<p>Partially concur</p>		<p>KCACC has been working with feral cat advocates for years on TNR programs and feral cat adoption programs.</p> <p>KCACC has a more progressive feral cat program than many other municipal shelters and has taken steps to minimize stress on feral cats entering the shelter. King County has not developed a community consensus or official policy on the best way to manage feral cats. There are concerns about managing their release to reduce impact on song bird populations, for instance. Public health issues, such as rabies prevention among feral cats are also a concern. KCACC recommends that the agency or agencies selected to provide animal sheltering services in King County assemble a task force to conduct research and develop a</p>

Executive Response (Continued)

Attachment A-Executive Response-Review of Animal Care and Control Euthanasia Practices

Recommendations	Agency Position	Schedule for Implementation	Comments
<p>12. KCACC staff needs to receive training and supervision on the following:</p> <ul style="list-style-type: none"> • Calculating and administering the correct dosage of euthanasia medication consistent with product guidelines. • Recording accurate and consistent information in the data system regarding euthanasia decision-making and administration of Fatal-Plus. • Recording appropriate information in medical records. 	Concur		<p>community-wide approach to feral cat management.</p> <p>While KCACC staff authorized to perform euthanasia have historically administered a somewhat larger volume of euthanasia medication than the stated product labeling, this is in no way harmful to the animal. In addition, the cost of the euthanasia drug is low so this is not a consideration.</p> <p>Staff could readily be retrained to administer a lower dosage, but it would be important to provide accurate scales in the euthanasia room. Using a lower dose requires having accurate weights on animals at the time of euthanasia so that no animal is under dosed, which could lead to an inhumane death. Therefore, the County would need to provide both a counter-top scale suitable for weighing cats and small dogs and a walk-on floor scale for weighing medium and large dogs. Providing these scales would be problematic because, as the consultant notes, the euthanasia room is already cramped. The typical walk on dog scale takes up about 8 square feet of floor space and would be difficult to fit in the current room. The counter space is also extremely limited so another counter would be needed to hold the second scale.</p>